

Josef M. Schmidt

English
Articles and Abstracts
(1988–2015)

Schriften zur
Geschichte und Theorie
der Homöopathie

Band 6

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Writings on the History and Theory of Homeopathy.
Volume 6

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Band 1: Die Philosophie Samuel Hahnemanns bei der
Begründung der Homöopathie

Band 2: Kompaktwissen Homöopathie – Grundlagen,
Methodik und Geschichte

Band 3: Die Köthener Sommerkurse

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Band 4: Gesammelte Kleine Schriften. Teil 1 (1988-2003)

Band 5: Gesammelte Kleine Schriften. Teil 2 (2005-2015)

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Preface

The present volume

This volume 'English Articles and Abstracts (1988-2015)' is a collection of articles and abstracts on the history and theory of homeopathy, published by the author in English, in journals, books and proceedings, in the years 1988-2015. The first section comprises 19 original articles from the years 1992-2015, most of them published in peer reviewed journals. The second section covers 27 abstracts published in journals and proceedings (1988-2015), in addition to the abstracts pertaining to the articles of section I, as well as one comment. The third section contains 11 papers (1992-2013) with similar content to articles of section I, however, published in different journals or proceedings, being mainly preliminary, abbreviated, or otherwise deviating versions. In all sections the articles are presented in chronological order.

In the original articles section the spectrum of topics range from philosophical, anthropological, and philological perspectives on homeopathy to issues of theory of science and history of medicine, including social history as well as history of ideas, reception, institutions, professionalisation, politics, religion, and economics. Furthermore, the paper of one of the world's top-rated randomized clinical trials on homeopathy is presented here, thus completing the array of methodological approaches towards basic research on homeopathy by means of natural science and statistics. This work, however, should not be misinterpreted in the sense of claiming that clinical studies might be able to overturn or supersede the relevance of the many other views on homeopathy provided by the humanities. In the English abstracts section, in addition to the aforementioned

subjects, bibliographical, editorial and conceptual issues are also being addressed, referring to the respective articles published in German (see volumes 4 and 5).

Considered this way, homeopathy would appear to be a challenging, demanding, complex, refined, and sophisticated system of healing, which may have its flaws, but evidently rests on sound principles and a rationale that may not be grasped in terms of natural science alone, but, certainly, by science at large, comprising the entire range of the humanities.

The series of writings on the history and theory of homeopathy

The six volumes 'Writings on the History and Theory of Homeopathy' grew out of the author's extensive preoccupation with the historical background and philosophical principles of homeopathy, a method of rational drug therapy founded by the German physician SAMUEL HAHNEMANN (1755–1843), which today is practiced worldwide by hundreds of thousands of therapists and sought after by millions of convinced patients. Despite its successes in practice, the theory of homeopathy has still not met with universal approval, which, for the main part, may be due to the difficulty a materialistic world view has in grasping how highly potentised medicinal substances act. Although in 1801 HAHNEMANN had already explained that homeopathic remedies would not act "atomically" (nor chemically, physically, or mechanically), but "dynamically", modern pharmacology continues to be thrown back to its methodological defaults, searching for mechanisms of action only within its restrictively defined scope of view, as, for example, in categories of molecular biology, receptor theory, and lock-and-key model. From the non-verifiability

of a physical substrate to the imputation of the non-existence of a medicinal effect, it is only a short step.

By way of contrast, the concern of the present series of publications is to give homeopathy, a method of healing as elaborated as philanthropic, its due by, on the one hand, showing the inadequacy of a reductionist narrowing of its discussion and, on the other hand, taking heed of its claim as a scientific medicine and examining it with explicitly scientific tools. However, instead of absolutising pre-modern paradigms of natural science, such as “without active ingredient no effect”, as the last horizon of science or taking the (obsolete) position of physical and chemical premises of the nineteenth century, such as the AVOGADRO number, and thus missing the actual point, – in the present writings, an attempt is being made for science to be applied in its entire breadth, magnitude, and diversity of methods, in order to appropriately grasp a complex, paradox, and multifaceted phenomenon, such as homeopathy. Contrary to the common biased reductionism of all of homeopathy’s achievements to naturalistic vestiges of science, such as the *placebo* construct, here it is demonstrated that, and how, an unprejudiced approach towards homeopathy has to be initialised and deepened by means of involving the entire spectrum of science, especially the social and human sciences. It turns out that, what homeopathy and medicine in its entirety is all about, is in no way trivial but has to be inferred anew by every generation of doctors and patients, since without “effort of the term”, i.e. without humanistic penetration, it will remain incomprehensible.

As a counterbalance and for the sake of an expansion of the horizon of the current reductionistic and materialistic dispute, the present publications offer a view into the paths and insights of almost three decades of academic research

on the history and theory of homeopathy. Applying the whole spectrum of methodical approaches and perspectives (from the history of ideas and theory of science to socio-economics), the cultural context, philosophical validity, and natural scientific discussion of the principles of homeopathy are presented, as well as the historical development of its protagonists, controversies, and schools.

The series of writings meets a *desideratum* of the homeopathic as well as scientific community at large. While up to now, for lack of serious and differentiating literature, it was barely possible to rise above simplifying positions, such as reductionist materialism versus pseudo-scientific esotericism, the present publications may shed a new light on homeopathy by opening up the hitherto shielded historical and theoretical horizon. Through integration of long neglected humanistic perspectives, it might be possible to create new and more appropriate concepts of research, to save unnecessarily spent resources, and to shape future scientific clashes in a more enlightened, sobering, and square fashion.

Editorial guidelines

Inclusion criteria

Basically, in this series all the lesser writings of the author published in German or English have been included, but not their published translations in other languages, such as Italian, Greek, Swedish, Polish, Latvian, Russian, or Ukrainian. Among the monographs of the author, the 'Philosophy of Samuel Hahnemann' and the 'Compact Knowledge of Homeopathy' are reproduced completely within the volumes 1 and 2. From the other major works of the author only the respective preface or introduction are displayed. Lectures presented by the author in the 'Köthen

Summer Courses' are published in full, including the slides of the presentation. Other lectures are reprinted only when they have been released in congress proceedings or CDs. Volumes 4-6 contain the lesser writings of the author, as arranged in the source list at the end of each volume, in chronological order.

Editing

Different spellings in various articles in the German part of the series (volumes 1-5) were unified by updating the entire text of the author according to the rules of 'New German Orthography' (according to DUDEN, 26th edition, 2013). This does not apply to original quotes, for example by HAHNEMANN, within quotation marks, or for original titles within single quotation marks. These were left in old orthography.

As regards content all texts are reproduced without change. Moderate editing was performed only in very few instances, having no influence on meaning or content. In terms of biographical data, the year of death was added when at the time of publication of former articles this could not yet have been known. Obvious typing errors were corrected.

Abbreviations, especially of drugs, were dispensed with, – but not within quotes and not in very common abbreviations or bibliographical references. Expendable periods and dashes outside of quotes were removed. Double brackets were no longer used. Space lines between paragraphs were eliminated to a great extent. Short hyphens were consistently used as such and with page numbers, long dashes as such as well as with years or other numeric dates.

Paragraphs separated in the original text were sometimes merged: for editorial reasons, when quotes extended over several paragraphs, or for technical reasons, when annotations consisted of more than one paragraph (in that case a dash marks the border between the original paragraphs). Variant spellings in the annotations of different articles were not standardised completely, but moderately adjusted to personal coherent principles.

The series of writings only contains written text. Hence, illustrations of the original publications are not reproduced, however, their keys are documented. Tables are not displayed in their original shape, however, their content is preserved (as running text with “/” to mark the columns).

Text emphasis

Generally, all personal names are displayed in SMALL CAPITAL LETTERS, in the main text as well as in annotations, abstracts, and in the bibliography, also in quotes and root words, including the “von” in titles of nobility, – but not in the headlines, table of contents, list of sources and index or in boxes, tables, catalogues of drugs or with keywords, reprinted letters, and own signatures, not in headings of works, articles, societies, journals, drugs, etc., not in word compositions, with publishers and companies, and not with ranks of nobility, name affixes, or in foreign-language quotes or when the person himself recedes in comparison to the usage of his name.

Set in *italics* are generally relevant foreign-language notions, drug names, and quotes, especially when it is a matter of emphasised, critical, and pivotal technical terms, in the main text, in annotations and abstracts, also in quotes, – but not in the headlines, table of contents, bibliography, list of sources, and index or in boxes, tables, catalogues of drugs, or with keywords and reprinted

letters, not with common foreign words and terms of drugs or with diagnoses and classes of drugs, not with word compositions or flections, not in titles of articles or works, even when they are set in foreign language, and not with words in bold print. Depending on the context, some notions are displayed in two ways: in italics as an uncapitalised technical term complemented in brackets, but not in italics as a common capitalised foreign word, or in the disposition as a remedy in italics, but in the meaning of a laboratory finding not in italics. Medical diagnoses are usually displayed without italics, however, particularly specified and rare diagnoses have been set in italics. For English texts analogous rules apply, however, only Latin and French notions appear in italics.

Quotation marks (“ ”) indicate the beginning and end of quotes or emphasis, partly also within quotes that are themselves in single quotation marks, in the entire text, including annotations, abstracts, headlines and table of content, – but not in the bibliography, list of sources and index or in boxes, tables, catalogues of drugs, or with keywords and reprinted letters.

Single quotation marks (‘ ’) are used to point out all established titles of works, articles, journals, chapters, publishers, societies, associations, hospitals, occupational titles, universities, institutes, professorships, subjects, lectures, seminars, courses, congresses, study groups, initiatives, protocols, pamphlets, libraries, archives, buildings, foundations, corporations, companies, laws, agencies, lodges, museums, paintings, exhibitions, scores, and street names, occasionally also as quotes within normal quotes, in the main text, annotations and abstracts, as well as in the table of contents and bibliography, also in headlines, – but not in the list of sources and index or in

boxes, tables, catalogues of drugs, or with keywords and reprinted letters, and not with abbreviated titles.

Printed in **bold type** are, on the one hand, all headlines, and, on the other hand, single or several words in the text, in the sense of a contentual (redactional) emphasis, for a better orientation within a chapter.

Acknowledgement

Many thanks to the 'Homeopathy Foundation' of the 'German Central Association of Homeopathic Physicians' for its funding of the publication of my 'Writings on the History and Theory of Homeopathy' in six volumes. Many thanks also to my publishers for the solid publication of my work and the excellent cooperation.

Munich, June 2016

Prof. Josef M. Schmidt, MD, PhD

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Hahnemann's concept of rational therapeutics

Principles and problems

In: Journal of the American Institute of Homeopathy 1992;
85 (2): 81-87

Abstract

[[81] Since homeopathy was conceptualized as rational therapeutics by its founder, SAMUEL HAHNEMANN (1755–1843), it is based not only on empiricism, but also on principles whose inner coherence has to be in accordance with logical rules. Accordingly, the rationality of HAHNEMANN'S therapeutics cannot be proved by case studies alone, but by an attempt at reconstructing the leading principles of his concepts. In the reconstruction demonstrated below seven logical steps can be distinguished:

1. The starting-point of HAHNEMANN'S endeavor to rational therapeutics
2. The criticism of former principles of therapeutics
3. The scientific approach and its limits in therapeutics
4. The extension of the approach in order to comprehend further experiences
5. The arguments for the fundamental possibility of rational therapeutics
6. The revelation of the Principle of Similars as a maxim to cure dynamic diseases
7. The elaboration of the homeopathic doctrine of healing dynamic diseases

The history of homeopathy shows that most of the points in dispute among homeopaths and allopaths came about

because of the lack of knowledge of the principles and limits of their own respective concepts.

Keywords

Hahnemann, homeopathy, rationalism, empiricism, philosophy, principle of similars, scientific approach.

[Introduction]

Of all the Systems of medical practice which emerged in the history of medicine towards the end of the 18th and the beginning of the 19th century, homeopathy is the only one which today can still look back on a continuous tradition of its practical-therapeutical application and which still has a wide following. In fact, here and now it has once again brought together colleagues from many countries and different continents. There may be more than one explanation as to why this is the case. However, apart from the countless cures which have been attributed to homeopathy, surely one of the most fundamental reasons must be its claim to rationality. If in fact homeopathy were nothing else but pure empiricism, on the one hand a conflict of principles between the experiences of homeopaths and those of allopaths could never have evolved (because then one observation would be just as good as another). On the other hand, the mere accumulation of empirical knowledge could scarcely amount to an independent branch of medical science, let alone a branch of medical science which distinguishes itself from others by virtue of its special concepts and thus claims a place in its own right in the history of medicine.

Through its claim to rationality, homeopathy elevates itself from the field of pure empiricism (where every new observation relativizes the one made previously) to the

level of principle with an inner coherence which has to be based on certain logical rules. Since SAMUEL HAHNEMANN (1755–1843) founded homeopathy as a form of rational therapeutics, the cogent nature of his concept cannot be demonstrated simply by a presentation of casuistic records, but rather only by attempting a rational reconstruction of its principles.

In contrast to strictly historical accounts of homeopathy, which usually do appraise the originality of its founder but not the cogency of his special concept as such, let us attempt here to sketch the main outline of the course of the logically reconstructible steps which brought HAHNEMANN to the conception of his rational therapeutics, the results of which he finally published in ‘Organon der Rationellen Heilkunde’ in the year 1810.

1. The starting point of Hahnemann’s efforts to establish rational therapeutics

[[82] a) During the Era of German Enlightenment, which influenced HAHNEMANN’S convictions throughout his entire life, the arts and sciences took enormous steps forward whereby philosophy, literature, and the natural sciences in particular blossomed to what at the time seemed an unsurpassable degree. The motto of IMMANUEL KANT “*Sapere aude*” (‘Was ist Aufklärung?’ Berl. Wschr. 1784) aptly describes that general striving as never before to penetrate all realms of life with the human mind.

b) In the field of medicine this attitude also stimulated the development of individual theories and speculative explanations. Whilst various systems of medical practice and schools of thought came into fashion at this time, the actual treatment of diseases remained merely a “conjectural art.” In view of this general pluralism of

methods and the absence of any generally accepted principles there was a considerable degree of uncertainty at the sick man's bedside.

c) In HAHNEMANN'S view it was perfectly in order that a doctor – as a “historian of Nature” – should also be very interested in theories, but in his capacity as a “healer” he should only be concerned with a clear concept for the treatment of actual existing patients. Also, in fields not directly related to medicine, HAHNEMANN himself only carried out research which, ultimately, could be related to therapeutic purposes, and indeed all his efforts in the context of medicine were directed towards the goal of establishing therapeutics by which diseases could be cured not only swiftly, gently, and permanently, but also reliably and rationally.

However, before he could proceed any further he first had to identify and overcome the obstacles which had hitherto blocked the path to certainty in therapeutics.

2. Criticism of the former principles of therapeutics

a) As far as the profound knowledge of the ingredients of the medicinal preparations used in his day was concerned, HAHNEMANN discussed their manufacture in detail in his ‘Pharmacists’ Lexicon’ and also went on to expose their adulterations at some length in another work. In doing so he pointed out the importance of clear definitions and an unambiguous nomenclature as well as the non-interchangeability of individual medicinal herbs, which logically ruled out the possibility of Surrogates. Mixtures of different medicinal drugs should never be used in therapeutic practice. One single remedy should always be applied. Further, the physician had to be sure that his

patient was actually taking the prescribed drug if his own observations were to contribute something to reliable pharmaceuticals.

b) In HAHNEMANN'S day the knowledge of the actual nature of diseases was extremely limited. Not surprisingly, therefore, there were often disagreements regarding their pathological classification. HAHNEMANN saw this as all the more reason for the need to define and differentiate cases of illness on as exact a basis as possible, and whilst doing so not to let himself be influenced by speculation regarding their cause, or by school dogmas or superstition.

c) Vaguer still, because even less comprehensible, were the reasons for the hitherto commonplace use of certain remedies in the treatment of certain morbid states. The obscure origins of general medical prescription uncovered by HAHNEMANN consisted at first either in sheer chance, in "parempirical" lay practice, in subjective beliefs – such as the doctrine of signatures, or later in speculations on the basis of natural philosophy concerning the intrinsic nature of diseases and medicines. But since a rational system of therapeutics could scarcely be based on chance or the undiscerning judgement of laymen, and since neither superstition nor unfounded theories could provide a solid basis for the human mind, HAHNEMANN rejected all these principles.

Instead, he turned to the scientific approach initiated by FRANCIS BACON ('Novum Organon', 1620) which sought to uncover Nature's secrets through inductive conclusions arrived at on the basis of systematic experiments.

3. The scientific approach and its limits in curative medicine

a) Through the medium of chemistry, HAHNEMANN'S favorite science, with a view to establishing facts about drugs, it was possible to analyse the constituent ingredients of the substances in question, to expose adulterations, and to refine dosing procedures. Only once they had been defined or standardized chemically could curative drugs be compared and contrasted scientifically in comparative [[83] studies. However, HAHNEMANN found that the actual curative properties of the drugs could not be explained in terms of chemistry because these curative properties essentially only became apparent under the influence of the living organism, and, thus, ultimately chemistry was "outmatched by vitality."

b) Patients' symptoms could also sometimes be traced back to mechanical or chemical causes: gallstones, bladder calculus, accidentally swallowed acid, bone fractures, etc. Assuming corresponding homogeneity of the substrate in question, for the chemical or mechanical-surgical removal of these causes, absolutely comparable investigations could be carried out and would ultimately enable the optimization of these therapies. Yet, however much HAHNEMANN recognized the validity of this approach in the case of unmistakable causes of medical complaints, he found that most morbid states could not be reduced to mechanical or chemico-physical causes. HAHNEMANN used the term "dynamic" causes here to express the different nature of these morbid states.

c) As far as the relationship between mechanical or chemical causes of a morbid state and its therapy was concerned, HAHNEMANN saw that there was general agreement: removal of suppurating splinters or accidentally swallowed poison, cleaning of wounds, etc. If complaints were clearly attributable to one particular and recognizable cause, then these complaints should have

ceased once the said cause had been removed. However, HAHNEMANN found that this did not apply in the case of the so-called dynamic diseases. Because such diseases could not be reduced to mechanical or chemical causes, the scientific approach could at best influence only partial moments of a complex dynamic process but could not cure diseases as such.

In order to develop a therapy for the successful control of dynamic diseases as well, the realm of the scientific approach first had to be realized as insufficient and a new horizon opened.

4. Extending of the scientific horizon to account for new experiences

a) After HAHNEMANN had perfected his method for the preparation of the *Mercurius solubilis Hahnemanni*, since named after him, he observed when using this substance to treat venereal disease in 1789 that even minute quantifies were sufficient to bring about a cure – provided that a “mercurial fever” could be provoked in the patient. Since, in view of the minuteness of the dosage, the possibility of any chemical effect of the mercury on the venereal poison could be discounted, it was here apparently a matter of stimulating a feverlike reaction in the organism. Although the concept of irritability as a capacity of the organism to produce a dynamic response to specific stimuli was clearly beyond the realm of mere mechanism and chemism, it did provide the means for a conceptual understanding of the course of dynamic diseases.

b) With a concept of the human body as an organism which reacts to stimuli, symptoms of disease needed no longer to be regarded as simply the consequence of a machine’s damage. Instead, now they could be seen as the

product of a dynamic reaction on the part of an organism to the stimuli leading to disease. In the same way, the effects of drugs could be regarded as dynamic reactions on the part of the organism to the stimuli caused by the drugs. Considering the organism in this light implied both its entirety (and thus implied also that “local” diseases as such were a misconception) and its oneness (which meant that two stimulations could not prevail in the same organism simultaneously). If, however, one was to interpret the relationship between drug or disease stimuli on the one hand and the reaction on the part of the organism on the other in mechanistic terms only, everything therapeutically would have had to be infinitely varied, as in the case of Brownianism.

c) Opposed to this, cases of spontaneous cures could be noted from time to time during the observation of the course of diseases, and this virtually amounted to the recognition in principle of the existence of a self-healing tendency in Nature. But the healing of disease in this manner could not be accounted for satisfactorily either mechanically or in terms of simple stimulation physiology. Instead, the higher, regulative idea of teleology had to be called in. The recognition of the self-healing power of Nature furthermore implied the dimension of her self-activity, since Nature here was assumed to be the subject. Incidentally, the conceptual elevation above the level of pure mechanics and chemistry in order to provide an explanation for experiences which cannot be accounted for in these terms alone does not discount this level totally: Clearly chemical-mechanical categories can adequately describe various individual [[84] subreactions of the body as a moment of its entirety. However, teleological categories must be resorted to in order to explain the overall coordination of the single causal sequences

occurring during the process of healing a disease by the organism. Indeed, such notions as health, disease, healing, etc., can only be understood teleologically.

5. Establishing in principle the possibility of rational therapeutics

a) Since the concept of a teleological ruling of Nature was immediately questioned by the observation of diseases which were apparently incurable, the notion of a purely organic teleology of Nature proved to be untenable. However, the fact that the efforts of “crude Nature” were not always adequate to cure diseases did not appear to HAHNEMANN as any reason to abandon his teleological ideas as such. The existence of supposedly incurable diseases rather appeared to him to have the purpose of spurring on the human spirit and human love to develop rational therapeutics with which it would be possible to control even these diseases.

b) But could it not be the case that, despite every effort on the part of the human spirit and the application of all human love, some diseases will still remain incurable forever? In order to discount this purely hypothetical question HAHNEMANN had to resort in the end to theological argumentation: Inasmuch as God on the one hand is both love and wisdom as well as the most consequent being ever, but on the other hand has allowed mankind to suffer disease, He was also obliged to provide means by which these diseases could be healed reliably and rationally. Since, as already pointed out, dynamic diseases could in principle not be traced back to any one simple material cause, it had to be possible to heal these diseases also without necessarily having to identify such a cause. As far as HAHNEMANN was concerned, this was an inference from

his conviction that God only made possible that which was really necessary (just as He made the useless impossible).

c) Once now the possibility of rational therapeutics was recognized in principle, it was only a question of human love and mental effort and the right path would be found and practiced. With great enthusiasm and considerable sacrifice, HAHNEMANN set off on this path. Whilst sceptics and atheists amongst doctors resigned their therapeutical efforts relatively lightly when confronted with hopeless cases, HAHNEMANN'S trust in God and the confidence which he derived from this trust proved to be an effective counterweight to mental and spiritual gravity and thus as highly sensible from the practical-moral point of view.

The foundation proper of homeopathy was laid against this teleological-practical background.

6. Discovery of the Principle of Similars as a maxim for the treatment of dynamic diseases

a) If one considered the effects of medicines not as chemical processes taking place at certain parts of the human body, but rather as the result of a reaction between the organism in its entirety and the stimulus of a certain medicine, then this result would have been more clearly perceptible if the organism was not being subjected to other stimuli at the same time. The methodological exclusion of other additional disease stimuli when researching the healing powers of drugs led to the practice of conducting such tests only on healthy people. As far as the purity of these results was concerned, much more importance than before was now attached to restricting such provings strictly to one remedy at a time.

b) Furthermore, if diseases were regarded not simply as derailments of an otherwise normally functioning machine

but in principle as reactions on the part of the organism to disease stimuli, observations for which there had hitherto been no explanation in terms of mechanics could now be accounted for. For example, the fact that one disease could be cured or suspended by the contracting of another could be explained by the notion that the stimulus of the first disease was either destroyed or suppressed by that of the second. The reason why smallpox could only suspend measles, mumps, and German measles, but heal cowpox, seemed to be that the former were dissimilar while the latter were similar diseases.

c) Since the organism could be transferred to a state of illness by stimuli of drugs as well as by stimuli of diseases, and since certain diseases causing similar states of stimulation could erase each other or heal each other, the same could be attempted with selected stimulations induced by drugs. In this case, the resulting disorders in the organism could be controlled much more efficiently than when caused by diseases. The fact that the symptoms which a drug [85] was able to induce in a healthy organism could be very similar to those induced by a disease was already known to HAHNEMANN from tests which he conducted with Peruvian Bark on his own body in 1790. These and other observations which he interpreted in the same light finally strengthened HAHNEMANN'S conviction that he had hit upon a new healing principle for dynamic diseases. When he first published the principle "*Similia Similibus*" in the year 1796, he restricted its indication to those diseases for which a clear cause was neither recognizable nor removable, because otherwise first priority had to be given to the removal of the same.

7. Development of the homeopathic treatment of dynamic diseases

a) In order now to treat diseases with the right drugs in accordance with the Principle of Similars, the first step was to gain an overview of the dynamic medicinal powers of the substances available. Since it was not possible to research the capacity of drugs to influence the state of health of a human being either within the fields of mechanics or chemistry or in experiments with animals, this could only be tested on healthy human beings. The *materia medica* which was obtained in this way was based strictly in keeping with experimental methods and accurate observations made under constant frame settings and could thus be regarded as “the pure language of questioned Nature” – in contrast to the usual scientific research, and this is the crucial point, of “living” Nature. Since it was often difficult to distinguish spontaneously occurring symptoms from the proving symptoms, HAHNEMANN went on to develop exact methodological instructions covering matters ranging from the avoidance of suggestive questions to the strict observance of diet.

b) Now the symptoms of the patient’s disease were researched during the anamnestic examination just as carefully as the proving symptoms induced by the drugs. Since such general symptoms as nausea, headache, diarrhea, etc., could be caused by almost any drug, it was mainly the less common symptoms of the patient which permitted an exact selection of the right homeopathic remedy. Accordingly, HAHNEMANN increasingly specified the valence of individual disease symptoms. Initially it was the general resemblance between the symptoms induced by diseases and by drugs respectively which was important to HAHNEMANN. Later on it was particularly the strongest and the most trying, and then finally the most uncommon, peculiar and characteristic signs and symptoms which were

to become of greatest importance to him when selecting the homeopathic remedy.

c) Logically, the consequent prescribing of drugs which themselves could induce similar symptoms to those already produced by the disease had to result in an initial worsening of the disease during treatment. With the object of allowing this deterioration to go only as far as necessary, and to keep it as slight as possible, from the year 1797 onwards HAHNEMANN went over to the practice of increasingly diluting the dosages given. To his surprise he found that there was no limit to the extent to which he could dilute homeopathic remedies beyond which they would no longer have any curative effect. At a later date when ideas of natural philosophy were beginning to carry greater weight in medicine, in order to lend this phenomenon – which he admitted he “did not understand himself” – greater plausibility, he spoke of the “potentizing” of medicinal power during the diluting and shaking process. As an empirical chance find – in contrast to the actual fundamentals of homeopathy which have just been discussed – this discovery has in no way been constitutive of HAHNEMANN’S concept of rational therapeutics.

During the course of this attempt which has just been made to reconstruct the principles of SAMUEL HAHNEMANN’S rational therapeutics, a number of logical steps could be distinguished:

1. As a starting point, on the one hand: a) HAHNEMANN’S enlightening mind, and on the other b) the uncertainty prevailing in medicine from which c) the dynamism of the endeavor for a reliable and rational therapeutics was generated.

2. HAHNEMANN’S criticism of the former principles of healing regarding a) the drugs used, b) the classification of

diseases, and c) the reasons for prescribing certain remedies for certain diseases.

3. The scientific approach in researching a) the drugs, b) the material or chemical causes of diseases, and c) the causal therapies of these diseases.

4. Extending the scope of the scientific approach through recognition of a) the irritability of the organism, b) the entirety and oneness of the organism, and c) the self-healing power of Nature.

5. The argumentation for the possibility of rational therapeutics in principle by a) abandoning straight teleology of Nature in favor of a teleological notion of human striving, b) taking a theological resort to God as the guarantor for the possibility of rational therapeutics, and c) HAHNEMANN'S own concrete efforts in establishing and developing rational therapeutics.

6. Discovery of the Principle of Similars through a) the concept of the effects of drugs as reactions of the organism to the stimuli caused by the drugs, b) the concept of morbid states as the result of reactions on the part of the organism to disease stimuli and also the observation that certain diseases could be cured by other similar diseases, and c) the imitation of these natural healings through the administration of drugs operating in a similar mode.

7. The development of the doctrine of homeopathic therapeutics by a) systematic provings of drugs on healthy persons, b) the development of the hierarchisation of patient symptoms, and c) the gradual dilution and shaking of medicines.

So much for the reconstruction of the principles which guided HAHNEMANN when founding his rational therapeutics. The history of homeopathy and also that of classical medicine record that this concept was at first

scarcely heeded by academic medicine, and also that even later on, despite the discussion of homeopathy in detail in countless apologies and criticisms, it was never recognised for what it claimed to be. However, it could be demonstrated that most of the disputes between homeopaths and allopaths on the one hand and homeopaths and so-called semi-homeopaths on the other have arisen from misunderstandings regarding the ontological status of the principles represented in either case.

For example, allopaths and so-called scientific-critical homeopaths believed that by calculating the active ingredient concentration of high potencies and applying the LOSCHMIDT number to this they could at least reduce high potency homeopathy to absurdity. While homeopaths sometimes regarded the Principle of Similars not as a procedural maxim, but rather as a natural law (comparable with the law of gravity), allopaths logically demanded scientific verifications not only of the drug provings in healthy people, but also of homeopathic cures in the form of clinical double-blind studies. However, the carrying out of these nearly always ran into virtually insuperable difficulties. Other homeopaths came to regard their activities as a complete alternative to scientific medicine – this being quite in contrast to HAHNEMANN’S basic attitude, which was not to abandon the scientific approach until one had fully explored its limits within therapeutics as a whole, and even then only with the object of treating dynamic diseases.

Much more could be said about the difficulties which arose from the uncertainty on the part of both allopaths as well as homeopaths about the status of homeopathy within medicine as a whole, but this would extend beyond the scope of the present paper. However, as will be readily

apparent from the few examples considered here, it was usually simply a case of lack of knowledge regarding both the basic principles and the limitation of one's own particular position which was in the way of a fruitful development and examination of homeopathy.

A discussion of the most important arguments which have been decisive in the history of homeopathy from the earliest of times from the point of view not only of their historical originality and place in time, but also from that of their philosophical justification and cogency in principle would certainly be an interesting and momentous undertaking. For the time being, however, this present attempt at a rational penetration of the underlying concept of HAHNEMANN'S homeopathy may have been sufficient to sketch out the fundamentals for such a purpose.

[Note]

[[81]] * Presented at the 46th Congress of the Liga Medicorum Homoeopathica Internationalis, Cologne, May 7, 1991. Reprinted from the Journal of LMHI with permission.

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Anthropology and medicine

The image of man in different therapeutic approaches

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Abstract

[[288] Fundamental reflections on anthropology in medicine lead on to the image of man on which modern, science-orientated medicine is based, followed by that which underlies homoeopathy. HAHNEMANN'S concept of man is considered before elucidating the characteristics and differences between the two approaches and their particular position in the theory of medicine. The strict positivism of science essentially reduces the image of man, whilst the teleological approach, renouncing any claim to be able to investigate life itself, permits a phenomenological recognition of man in all his dimensions.

Key Words

Anthropology, medicine, science, teleology, phenomenology, homoeopathy, Hahnemann.

Introduction

Initially the question as to the essential nature of the human being appears to be just one of the many questions we ask ourselves as we go through life. It is, however, a very special kind of question, for compared to questions concerning objects external to us it concerns the questioner himself, putting him in question. Compared to questions about everyday objects, data and information, for which an objective answer can usually be found, the fact

that the human being refers back to himself with this particular question means that we cannot expect a simple, definite answer. To perceive, establish and ultimately define human nature objectively, would require a neutral point of view outside the object of the question. However, the very fact that human beings are able to ask questions about their own nature represents a major element in human nature, so that conversely it is also true that only a human being can ask this particular question. Whilst elucidation of this hermeneutic circle has the negative result that we have to give up all hope of getting a factual, objective answer, the inevitable self-reference of the question actually gives particular significance to the human being as the subject, so that becoming aware of the situation also has a positive result. Just because the answer is not fixed once and for all, human beings have the possibility of taking an active part in designing their own philosophy. They can see themselves the way they wish to see themselves. This essentially open-ended situation in how we see ourselves is the precondition for the realization of human freedom.

Depending on our particular image of the human being, we see and experience ourselves in different ways. Depending on the emphasis given to particular aspects, our ability to perceive these will be increased or decreased. Depending on how man is seen in a particular philosophy, a bright light will be cast on some characteristics, whilst others become blind spots.

Such images do of course directly influence the way we deal with other people, from education and training, individual professions and occupations to the system of justice within a society and the medical treatment of patients. Medicine in particular is a field where people are treated according to a specific system, which in turn is

based on a specific [[289] idea of the human being and his essential aspects. Of the numerous symptoms a patient presents, only those which relate to and are considered important within a particular system are actually considered and used to develop a regime. Depending on the conceptual framework used, a medical practitioner will focus more on specific laboratory parameters, for example, or on Chinese pulse qualities, characteristic food modalities, or important childhood events.

The approach used by a practitioner is thus determined by the prevailing system of medicine. Added to this is another feature peculiar to Western thinking, which is reflected in the whole history of Western science. In China, for instance, medicine has mainly evolved by continually adding new observations and ideas to existing knowledge. In the West, major breaks or changes of paradigm have occurred at frequent intervals. In the East, traditional knowledge was always respected, merely adding to it as time went on, like annual rings added to a tree. In the West, a change of paradigm always meant devaluing everything previously achieved (under different paradigms), so that a completely new beginning was made. The specifically Western approach to science has thus been not so much to add or integrate new approaches, but rather to fight and suppress competing principles.¹

The image of man in science

One of the major breaks in the history of Western science undoubtedly came with the emergence of modern science at the beginning of the 17th century, scientists limiting themselves entirely to facts methodically established by induction based on experiment and observation. The background to this was not the realization that the

knowledge obtained so far was wrong, but merely the fact that it proved inadequate in face of the growing interest in gaining definite control of the natural world. FRANCIS BACON (1561-1626) wrote "*Quantum scimus, tantum possumus*" (our capacity for action depends on how much we know), with knowledge now seen in the light of THOMAS HOBBS' (1588-1679) definition: "... imagining any thing whatsoever ... we imagine what we can do with it, when we have it".²

In antiquity, knowledge was seen to be awareness of the intrinsic nature and purpose of something, without human intervention. Not only does this do nothing to further manipulative aims, but in most cases it actually goes against them.

On one hand, increasing utilization of scientific disciplines, above all chemistry and physics, for medical research has meant a rapid increase in theoretical knowledge and means of practical intervention in chemical and physical processes in the human organism. On the other hand, it soon became apparent that the image of man was inevitably reduced by a science that only took account of measurable and reproducible human properties and relationships which could be defined in terms of scientific laws. The human being became a machine, 'l'homme machine',³ and continues so to this day in modern medicine. Evidence of this may be seen in specialization - ophthalmology, dermatology, neurology, etc. - and particularly the more recent development of psychosomatic medicine, the subject of which is the interaction between psyche and physical machine, *ipso facto* recognizing and perpetuating the two as distinct entities.

The scientists' image of the human being influences not only modern medicine, however. The reductionist approach of modern science has become a theory of the universe and

of man because it also touches on other spheres of life, and above all the final questions people ask themselves as to their position in the universe as a whole. In the “enlightened” view of modern science, man and his environment are the random outcome of a long period in natural history which started about 10 thousand million years ago with the “big bang” and progressed via the evolution of stars and planets, from a “primordial soup” through certain amino acids to the first life forms, leading ultimately by mutation and selection to the human race with all its cultural achievements. In sociobiology, a discipline that seeks to substantiate this scientific theory, all human achievements – intellectual, artistic, caring or religious – have evolved in a “natural” way based on causal mechanics relating to matter and rules and can be explained in those terms. Thus RICHARD DAWKINS wrote:

“I am treating a mother as a machine programmed to do everything in its power to propagate copies of the genes which ride inside it”.⁴

To him, the term “god” is an essentially meaningless | [290] combination of sounds which may, however, affect human brains like a virus and continue to spread among people because of the survival advantage it offers to those infected.⁵

In sociobiology, the scientific image of man outlined above emerges clearly and consistently. In modern medicine it is partly overlaid with the Hippocratic and caring attitudes of medical and nursing personnel and therefore less obvious. This image has evolved through centuries in which the horizon of scientific experience has been methodically reduced to that which is quantifiable, reproducible and follows recognized laws, an approach that has in many respects proved useful. Yet however effective

the method as regards technical means of manipulating natural processes, with the horizon thus deliberately reduced, it is inevitably impossible to reconstruct the original phenomena from which the scientific approach was originally abstracted. If the categories of modern science do not adequately cover the human being as a whole, the way he perceives himself in his life sphere, this does not necessarily mean that beauty, art, love, religion, and so forth are “really” mere illusion or at most epiphenomena of conditions in a physical organism which are capable of scientific explanation. Considering the logical absurdity of any attempt to explain the whole from a part, it is obvious that the principles and methods of modern science essentially cannot be used to gain even an approximate view of the complete nature of man.

So far, we have established that the image of man in modern science, which also provides the basis for modern medicine, cannot do justice to the whole nature of the human being.

Are there any alternatives? We know they exist in philosophical anthropology, but what of applied science? Some are no doubt to be found in this world, among them the universal and cosmological theory of man and the universe on which traditional Chinese medicine is based, to mention just one of the more widely known approaches. In the history of Western medicine, too, concepts of man and the treatment of his ills have evolved that come much closer to the true nature of man than a technological medicine based on strictly scientific principles.

The image of man in homeopathy

Among the medical approaches used in our civilization today, homoeopathy has a particularly remarkable

philosophy in so far as the sick human being is considered in the fullness of presenting phenomena in a way that is quite different from the usual scientific approach. Both defenders and critics stress that homoeopathic case-taking covers practically every area that can be verbalized in some form or other. The homoeopath enquires not only into the physical symptoms, but also the patient's particular constitutional characteristics, such as desire for, or aversion to, certain foods, sensitivity to weather conditions, preferred sleeping position, modalities relating to sexual functions, and so on. On the other hand, mental and emotional symptoms are taken just as seriously, ranging from clearly defined fears and anxieties to character traits such as conscientiousness, a tendency to be jealous, and so on, all the way to overt depression. Even states of religious ecstasy are part of the totality of symptoms to be elicited, as are a tendency to curse and similar characteristics. Homoeopathic case-taking thus addresses itself to practically every dimension that can be assessed in an interview.

Critics consider this detailed interview, going into the most personal and intimate details of the patient's life, to be the whole reason for the successes of homoeopathy. According to them, patients feel they are accepted and taken seriously and this frees a recovery process which has become blocked, causing the symptoms to disappear. In their view, the fact that homoeopaths also give medicines, usually in form of small pilules about 1 mm in diameter, is merely a kind of magic, or *placebo*, given to support the process. Defenders of homoeopathy will point out that results are also achieved with infants, animals and even unconscious patients, where feelings of acceptance have no role compared to administration of the medicine. They also refer to the fact that if the wrong medicine is prescribed

the patient does not improve, in spite of having a full case-history taken, and that improvement only comes when further interviews have led to the identification of the truly homoeopathic medicine.⁶

Whatever interpretation may be put on the cures that homoeopaths have undoubtedly achieved, even in chronic diseases, this approach to medicine is based on a philosophy fundamentally different from the scientific view described above. The question is, how has it been possible for an explicitly non-[[291] reductionist, phenomenological approach, in which each human being is seen and recognized as a unique whole made up of body, soul and spirit, not only to become the basis of a specific medical system but also to survive to this day in a world where modern science with its “enlightened” theory of the universe has been the dominant approach for 3 centuries, steadily gaining ground in the field of medicine?

Samuel Hahnemann’s image of man

The history of homoeopathy goes back about 200 years. In 1790, SAMUEL HAHNEMANN (1755–1843), its founder, tested Peruvian bark on himself. 1796 saw the first publication of his “*similia similibus*” principle; the term “homoeopathic” was introduced by him in 1807, and his main work, the ‘Organon of Rational Medicine’, appeared in 1810. As both the theory and the practice of homoeopathy are the work of a single individual, a brief outline of his educational, medical background and his personal philosophy is in order.

HAHNEMANN was born and grew up in Meissen (Saxony) educated in the spirit of the Age of Enlightenment first by his father, who was a porcelain painter, and then at ‘St Afra’ Prince’s School, former scholars of which included the

poet GELLERT and the writer and playwright LESSING. His father, HAHNEMANN wrote in his autobiography, “passed on the soundest ideas, discovered by himself, of what might be called good, and commensurate with the dignity of man”.⁷ At school he was taught the classical languages and read the works of both ancient and contemporary poets and philosophers. He went to Leipzig to study medicine when he was 20, familiarizing himself with the theory of contemporary medicine and its preceding sciences during the first semesters. After about 6 months of predominantly practical training at Vienna, HAHNEMANN was employed in the library of the Governor of Transylvania in Hermannstadt for about 18 months, working on his own to increase his knowledge of languages and “some complementary sciences”. During his time there he was a member of the local Freemasons’ Lodge.⁸

At the age of 24 HAHNEMANN went to Erlangen, where he obtained his medical degree in about 6 months. He continued to work hard all his life as a medical practitioner, and between times also as a chemist, translator and medical writer.⁹

As to his image of man,¹⁰ HAHNEMANN on one hand referred to man’s physical helplessness and lack of instinct compared to animals, but on the other also considered him “lord of all forms of life”, fully entitled, for instance, to kill animals that presented a threat to him. In spite of, or exactly because of his “frailty”, man was at the same time also the “noblest of all creatures”. For HAHNEMANN, man, like the rest of creation, was “clearly created for the pleasures of life”, and all human beings therefore naturally sought “a form of happiness”, and were the only creatures capable of going to excess. Every individual must find his “preordained” individual limit and arrange his life

accordingly. "The purpose of satisfying our animal needs" is, according to HAHNEMANN, "none other but to maintain life, health and the race". The "greatest of all physical goods" is "health", which not all the riches in the world can pay for and the maintenance and restoration of which is "man's most important and most difficult concern".

As to artistic and intellectual abilities, HAHNEMANN considered human powers of invention most important, giving bread-making, the lightning conductor, engines and ships as examples. Industry in this sense was to him still "the pride of the most fortunate of nations". On the other hand the human intellect is finite, and our knowledge is limited by our capacity for sensory perception, which means that we are also capable of error. HAHNEMANN nevertheless confronted the "ignorance" and "short-sightedness" of the "plebs" with the ideal of wisdom and the development and "ennobling of the mind". This alone enables humans to rid themselves of prejudices and realize their vocation as "someone who has adequate reasons for his actions". The guiding principle for his actions should always be the good. As to the origin of mind and spirit, HAHNEMANN wrote that the spirit was "breathed into man from above", and he therefore also called it the "breath of God" or the "spark of the divine". Human beings should therefore seek to "come closer to the great primordial spirit by ascending the ladder of inner feelings that bring bliss, through activities that ennoble man, and insights that penetrate the universe."

Greatest "satisfaction", as HAHNEMANN thought, was achieved not by wisdom alone, but above all by "love for one's fellow human beings", "giving happiness to others" and [[292] "doing good deeds". It would, however, require some degree of wisdom to perceive how many "benefits" God had already bestowed on humanity. Sensible education

would consist in training the children's bodies, minds and spirits in "the most suitable way". Though he considered man to exist in order to "permanently enjoy" life itself, he nevertheless felt that from the beginning human "powers" had been "created for higher purposes". If he follows his "divine destiny" and makes "sublime use of his mind", seeking to "come closer to the great primordial spirit", at the same time doing good deeds, man can in his estimation be the "noblest creature in all creation".

Apart from these exalted goals, HAHNEMANN also saw the limits that are inescapably set for humanity because of the finite nature of man. Thus he felt the capacity of the human mind would never be sufficient to understand every detail of all the physical, climatic, psychic and other influences to which human beings are constantly exposed. Nor would it be possible, because of the complexity of the reactions involved, to foresee the dynamic effect of a mixture of medicinal agents with different actions - unless a "god", an "oracle" or a "prophetic spirit" were to "reveal" it.

Apart from these quantitative limitations of the human mind and spirit, HAHNEMANN also made repeated reference to their qualitative limitations. As the "earth-bound human being" "is able to gain knowledge only through sensory perception", the relative crudeness of the senses sets a limit for human knowledge. In HAHNEMANN'S view, we would need to be given "infinitely more senses than we have, senses of infinite subtlety and fineness" if we are to know and understand the "countless unknown powers and their laws" that may be active "in the functions of living organs", things "we do not even know exist". This not being so, "we mortals" are unable to gain full insight into "the inner processes in a living organism" because we "lack the necessary firm points" and "intermediate links" that allow us to proceed "step by step to the rest", "right to the

innermost point of origin” “to which the creator of man attached the condition of disease in the sanctuary of that hidden forge”.

In terms of the theory of medicine, such a view of man’s potential to gain knowledge means that the “inner, primary cause of diseases” will be “forever hidden” “because of human weakness’. In HAHNEMANN’S view, the same applies to all attempts in the philosophy of nature and similar disciplines to arrive at the inner nature of disease by speculatively “racking one’s brains”. For him, thinking that goes beyond the “5 senses” leaves us wide open to imagination and arbitrariness. What is more, a purely speculative theory which does not relate to practical therapeutics would be valueless. Analogous to the “inner nature” of disease, the “healing nature” of medicines cannot be comprehended by direct perception or metaphysical cogitation. Here, too, knowledge is limited to drug actions known from experience.

This, then, is HAHNEMANN’S image of man, which runs like a thread through all his writings. It is significant in so far as it provided the basis not only for the history but also for the logic of homoeopathy. The ideas of the sublime destination of man and the clearly defined limits of human capacities [played] an equal role in HAHNEMANN’S thinking as he evolved his concepts of rational therapeutics. This has been discussed in detail elsewhere,¹¹ so that it may suffice to outline just the major stages at this point.

The significance of Hahnemann’s image of man

In the first place, HAHNEMANN’S search for a reliable pharmacotherapy clearly gained tremendous impetus from the great value he put on “love for other human beings” and “doing good deeds”. Health being precious, and every

human life of value, medical intervention must be as safe and certain as possible. One of the first obstacles which therefore had to be removed was the uncertainty of contemporary medicine, largely caused by the physicians themselves. HAHNEMANN undertook a fundamental critical assessment of the *materia medica*, resulting, for instance, in the decision to make up his own medicines, not to use mixtures, to differentiate carefully between individual cases of illness, refuse to accept superstitions and speculative ideas, and more, all of this largely in the light of his idea of the limits of the human mind and spirit.

HAHNEMANN'S limited acceptance of the scientific approach to medicine also resulted from his desire for certainty at the bedside. Yet although he partly applied the reductionist view to his own patients, he did not allow it to upset or limit his comprehensive image of |[293] man. Instead he limited the area in which the objective, scientific view of man applied to diseases in which it served a useful purpose. He saw the removal of calculi from the gallbladder or urinary bladder as a mechanical, and giving antidotes for ingested acids as a chemical problem, but considered this approach inadequate for "dynamic diseases". In his view, the human mind was quite capable of understanding the "simple material causes" of some diseases but not the "dynamic causes" of the numerous other diseases. This was due both to the complexity of their constitution and the finite nature of the human mind, something HAHNEMANN stressed over and over again.

Instead of limiting the horizon of medicine to quantifiable and reproducible scientific facts, HAHNEMANN'S empirical approach included the whole range of phenomena in the sphere of life. He therefore had no trouble in giving consideration also to a number of phenomena that primarily did not fall into scientific categories, for instance

a disproportionate systemic reaction to minimal doses, or spontaneous recovery. In offering the potential for these observations, HAHNEMANN'S image of man was fundamentally different from the scientific approach which allows access neither to the unity and wholeness of an organism nor to the spontaneous activity of the variously defined natural healing powers. This teleological approach, which does not deny causal mechanisms but sees them merely as one element, finally enabled HAHNEMANN, following further empirical studies, to formulate the *simile* principle as the key to rational treatment of dynamic diseases. Since two similar diseases caused by specific pathological stimuli may cancel each other out, leading to recovery, it should also be possible to do this intentionally, using a specific artificial medicinal stimulus to create a disease similar to the presenting one.

Despite the categorical limits HAHNEMANN assigned to the human mind and spirit, he had thus managed to discover and formulate a principle the application of which would cure even chronic conditions rapidly, gently, permanently, and above all with certainty. It was entirely in accord with his image of man that in the treatment of dynamic diseases there was no need to know the inner (spiritual) cause, which he felt was forever hidden from us mortals. All that was needed was to gain an accurate assessment of all the symptoms perceptible to the 5 senses. It should be noted that this did not depend on the supposition that the human being is an objective, physico-chemical complex or the like. With his image of man in the background, HAHNEMANN was able to take account of the whole rich phenomenology of every individual patient. This essentially open approach made it possible to record, with an open mind, highly individual and idiosyncratic symptoms which otherwise would be inexplicable. Homoeopathic history-taking also

aims to include all rare, strange and peculiar symptoms, so that the patient is seen both as a whole and as an individual.

The homoeopathic image of man: Between healing art and science

The image of man on which homoeopathy is based is thus not merely more comprehensive, but possibly also more in accord with the true nature of the human being than the exclusively objective scientific approach. Homoeopaths do however claim that their principles and method are rational, i.e. scientific, and we must therefore consider how far the homeopathic image of man can be integrated into science as a whole. This, too, has already been done,¹² and it may suffice to give brief consideration to the fundamental issues.

For ARISTOTLE and the traditional science that originated with him, science (*episteme*) always related to the general, whilst dealing with the particular was a matter of skill (*techne*). Medical practitioners are in the first place always gaining knowledge of the particular, and treatment is always addressed to individuals rather than humanity as a whole. From this point of view medicine is and always will be a skill. Yet in so far as general rules are applied and the general context is known, it is also a science.¹³

On the other hand we can only arrive at the general by abstraction from the other aspects of an object, or by giving particular emphasis to some parts of the whole. HEGEL among others showed that the particular is never arrived at directly but only by way of general concepts. Even terms like “this”, “here”, “now” or “I”, seemingly entirely concrete and individual, may refer to completely different things without changing in any way. Thus “now”

may refer to day or night, to noon or evening, and so on. Even “I”, the word every individual uses to refer to himself, is such a general term that [[294] it cannot be used to derive the individual nature of a particular person.¹⁴

Yet the attention paid to the individual nature of every patient is considered one of the primary characteristics of homoeopathy. In fact, even the most peculiar of symptoms can only be expressed in terms of general notions, but by virtue of being a combination of several such general notions, a symptom more fully defined by localization, sensation and modalities will be more rare and unusual. What is more, symptoms may only be said to be peculiar if they can be distinguished from the pathognomonic signs of the normal course of a disease. To formulate even the most peculiar of symptoms it is always necessary to abstract from the whole person, realizing that emphasis on one aspect means neglecting others. In purely conceptual terms, therefore, “lack of thirst with fever”, “desire for salt”, “bubbling sound in ear”, etc. are just as general and abstract as, for instance, morning stiffness in specific joints, right-sided migraine or a particular form of skin eruption which are also familiar in conventional medicine.

The difference between the two approaches consists therefore not so much in individuality versus generality of symptoms recorded, but rather in the value they are given as the diagnosis is made and treatment chosen. In science-orientated medicine, symptoms are assessed in the light of pathophysiology and so forth, to arrive directly at the presumed general causes. In homoeopathy, phenomena are considered as such and assessed according to the general rules of its method. In either case, therefore, observations are related to general notions which are then utilized according to a general point of view. Formally, this is the

scientific method. In either case, however, it requires skill to use the method to help the patient.

The concept of health is the point where the image of man underlying a particular discipline emerges clearly. For example, if our idea of healing is to normalize a laboratory result or blood pressure level by medical treatment, this would be valid in the light of a philosophy where man is seen as a complex, but ultimately passive, machine. If, on the other hand, health is seen as balance and harmony between all powers and other influences within the human being and between him and his environment, this presupposes a universal, cosmological philosophy such as the *yin/yang* theory of traditional Chinese medicine. If health is seen not as one of many unstable states of the human body, but as a relatively stable, i.e. essentially normal condition, with the self-healing powers of the organism prevailing over all inner and outer interference, this demands a teleological approach. If we speak of treatment designed to activate self-healing powers, the health of the organism as the goal of these powers must be part of our thinking.

The teleological desire to achieve health of the organism cannot be adequately defined in terms of modern science. Concepts implied in the idea of such a goal, among them wholeness, unity and autonomic action of the organism, as well as concepts such as health, disease or healing, go beyond the horizon of an approach that limits itself to quantifiable and reproducible laws. Because of this, the horizon of scientific affirmation allows us to grasp only part of the human being at a time, and not to comprehend the individual as a whole.¹⁵

With the teleological approach on which homoeopathy is based it is, however, possible to see all the presenting symptoms of a patient as the product of a conflict between

the organism and pathological stimuli, and to accept that this product has a relative purpose. From this point of view, the symptoms of a disease are not due to random failure in a mechanism that otherwise runs smoothly, but reveal to an expert the direction, or perceptible stages, of the healing effort made by the organism. Consequently, it is advisable not to suppress the self-healing powers, but rather to support them and guide them towards their true goal. Thus something attempted but not quite achieved by nature is taken forward by medical skill. Accordingly, medicinal stimuli are used to which the organism reacts in a similar way as to previous pathological stimuli. The medical stimuli are, however, more powerful and specific in their ability to stimulate vital powers, which may be said to have become bogged down, enabling them to take the healing process to its conclusion.

It is evident, therefore, that the *simile* principle is entirely plausible in the teleological approach we have outlined, being its logical and historical outcome, conversely, this also means that the *simile* principle, that is, the application of a specific medicinal stimulus to arouse the organism's self-healing powers, cannot be comprehensible to anyone who bases himself on a purely scientific philosophy [295] of the kind described above. This must be taken into account when attempts are made to explain homoeopathy in "purely scientific" terms, e.g. some form of electro-magnetic transmission of information, resonance between supposed frequencies of medicament and patient,¹⁶ the release of pathogenetic biophotons caught up in the DNA,¹⁷ a hierarchic systemic organization of water molecules,¹⁸ and the like.

Conclusion and outlook

It is apparent that the image of man in homoeopathy differs quite fundamentally in a number of major aspects from that of science-orientated medicine. Strictly speaking, science can only cover quantifiable and reproducible aspects of the human being which follow recognized laws. These are also taken into account in homoeopathy, but merely as elements in a greater whole. The methodological limits set in modern science are not taken as absolute in homoeopathy, and this permits openness to phenomena which in principle lie outside the horizon of the scientific approach. Thus the human being is seen not merely as the sum of his physical parts, but as an indivisible, living organism which is conceived teleologically and unlike all other life forms also has a specific dimension of mind and spirit.

One of the main reasons for the difference between the two philosophies is the view taken of the limits of the human mind. In modern science, positivism is dominant, on one hand giving validity only to that which can be scientifically proven, but on the other hand also believing that everything can be scientifically investigated, so that at some point in the future all unsolved problems will be solved. Scientific reasoning is thus seen to be without limits. At the same time man and his world are reduced to categories of science. The human intellect is seen as all-powerful, the human being in the whole of his essential nature as small and one-dimensional.

Homoeopathy is based on the conviction held by HAHNEMANN and his successors that essentially the human mind will never be able to fathom the innermost nature of dynamic diseases, not through science, nor philosophy, or mystical inspirations and the like. For HAHNEMANN, the nature of a dynamic disease can only be recognized through perceptible symptoms. With all claims to unlimited scientific exploration of the primary cause of a particular

pathological state thus renounced, it is possible to perceive a much broader spectrum not only of specific details presented by a particular patient, but also his problems in the sphere of soul and spirit. In this case, then, the range of the human intellect is seen as small and limited, while the individual person figures large in homoeopathic case-taking – rich in facets as well as in depth.

This peculiar dialectic between estimation of the human capacity for understanding and the resulting image of man takes us back to the beginning of this essay. If we are essentially free to design our own image of man, and this in turn has a direct influence on the way we relate to ourselves and to the world, this theoretical discussion also gains practical significance. Depending on the way we want to see ourselves, we can and must consider man inclusive of his cognitive faculties and limits. As these are not objective facts, every decision to take a particular view demands an act of recognition and, being a human action, also has a moral dimension.

Acceptance of a particular philosophy is an act of freedom, but this does not necessarily mean that it is arbitrary. Our recognition should relate only to what has been the case without and prior to it. It should not institute a particular condition of man, but merely bring it to mind. It should restore to man the fullness of his dimensions, the existence of which has been put increasingly in question by scientists in recent centuries.

We do not necessarily need to consider this an act of pure human kindness. Today, facing the potential dangers of modern drugs – “side effects” such as allergies, dependence, iatrogenic disease and mortality – the need to expand the limited scientific image of man has also become an ecological challenge of the first rank.

[Note]

[[288] * Translation of a revised version of an original German paper entitled 'Anthropologie und Medizin – Zum Menschenbild unterschiedlicher therapeutischer Konzepte', published in Allg. Homöop. Ztg. 1992; 237: 95-104 & 140-148.

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History and relevance of the 6th edition of the 'Organon of medicine' (1842)

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Key Words

Hahnemann S., Organon 6th edn., Haehl R., Boericke W., Hahnemann M., LM-potencies, Q-potencies, potentization

[Text]

[[42] In 1992 I provided the first text-critical edition of HAHNEMANN'S manuscript for the 6th edition of his 'Organon of medicine'. The 'Organon' contains all the principles and instructions the homoeopathic physician needs to treat his patients homoeopathically, which is why it has sometimes been considered the "Bible of Homoeopathy".

To get an idea of the uniqueness and irreplaceable value of this manuscript, let us briefly look back at its history:

The 1st edition of the 'Organon' was published by HAHNEMANN in 1810, entitled 'Organon of the Rational Healing Art' (also translated as 'Organon of A Rational Approach to Practical Medicine' Ed.). It went through 5 editions, each of them revised by the author. The last edition to appear in HAHNEMANN'S lifetime was the 5th, published in 1833 in Dresden and Leipzig. However, in 1842, one year before he died in Paris, HAHNEMANN completed the manuscript of a 6th edition. He went through an interleaved copy of the 5th edition paragraph by paragraph, making changes, erasures, annotations, and additions in his characteristic handwriting.

Due to a combination of adverse circumstances this manuscript remained unpublished for 79 years, until RICHARD HAEHL (1921) and WILLIAM BOERICKE (1922) edited and published German and English editions respectively. This, however, was at a time when homoeopathy was entering into a rapid decline, especially in the United States of America. For almost its entire history, American homoeopathy has thus been based on the 5th edition of the 'Organon', published in 1833; this also applies to the school of JAMES TYLER KENT who had died in 1916.

WILLIAM BOERICKE in San Francisco definitely had the original manuscript of the 6th edition at his disposal for his translation into English, whilst RICHARD HAEHL in Stuttgart had to use mainly a handwritten copy of HAHNEMANN'S manuscript for his German edition. HAEHL had actually purchased the original manuscript in Darup (Westphalia) in 1920, but he evidently only went through it for a few days before sending it to BOERICKE. All subsequent German editions of the 'Organon' were based on the edition by HAEHL (which was based on a copy of the original). As a result, no authentic German edition existed until 1992.

Today HAHNEMANN'S manuscript of the 'Organon' is kept at the 'University of California, San Francisco' (UCSF) as part of the 'Special Collections' in the Library. During the year I spent there as a visiting scholar, doing research on the history of homoeopathy in San Francisco, I took the opportunity to look through HAHNEMANN'S manuscript virtually every day. I completed my work on the 'Organon' in February 1992 - exactly 150 years after HAHNEMANN had completed his own manuscript. Finally, in May 1992, the first text-critical edition was published by 'Haug' in Heidelberg.

The presentation of my text-critical edition |[43] is as follows: all text written by hand into the original is shown in italics, with almost 1.700 footnotes representing changes from the 5th edition. It is thus possible to distinguish all parts of the 'Organon' which HAHNEMANN left alone from those which he changed.

The authenticity of HAHNEMANN'S manuscript has been established by graphological criteria as well as by HAHNEMANN'S own written references to this manuscript. In a letter written in February 1842 to SCHAUB, his publisher in Düsseldorf (preserved in Stuttgart) he said, for instance: "After 18 months of work I have now finished the 6th edition of my 'Organon', the most nearly perfect of all".

After HAHNEMANN'S death in July 1843, the manuscript was first in the possession of his widow, MÉLANIE HAHNEMANN D'HERVILLY, who did not accept any of the many offers made by homeopaths to publish it. She did, however, arrange for someone to make a handwritten copy. During the Franco-German War of 1870/71, Mrs. HAHNEMANN, her adoptive daughter, and her husband CARL VON BOENNINGHAUSEN had to leave Paris for the latter's estate in Darup (Westphalia). All of HAHNEMANN'S posthumous works (including the manuscript of the 'Organon') were taken there, and after the death of Mrs. HAHNEMANN everything went to the VON BOENNINGHAUSEN family. Again all negotiations with homoeopaths regarding the publication of the 'Organon' failed.

In April 1920, under the changed political and economical conditions after World War I, RICHARD HAEHL, with financial aid from WILLIAM BOERICKE and JAMES W. WARD, succeeded in purchasing the works of HAHNEMANN (including the manuscript of the 'Organon' and a handwritten copy of it) from the VON BOENNINGHAUSEN

family. HAEHL immediately sent the 'Organon' to New York where it was picked up by BOERICKE in person in May 1920. In June 1920, the latter presented it at the annual meetings of both the 'American Institute of Homoeopathy' in Cleveland and the 'International Hahnemannian Association'. He then worked on the English translation in San Francisco.

Original plans to hand the 'Organon' over to the 'American Institute of Homoeopathy', or to the 'Smithsonian Institution' in Washington, DC, for their exhibition on homoeopathy, were not realized. After BOERICKE'S death in 1929 JAMES W. WARD kept the 'Organon' in his office and then, in 1933, gave it to the 'Homeopathic Foundation of California', with whom he shared an office in downtown San Francisco. The Foundation's entire library, which after the death of WARD in 1939 was named in his honour, was moved into the new building of the 'Hahnemann Hospital' in 1940. The 'Organon' manuscript was put in the hospital safe and later, when another valuable book had disappeared from that safe, into the private safe of the chief of staff, HOWARD ENGLE. After his death in 1952, ELSA ENGLE, his sister-in-law and former secretary of the 'Foundation', had to rent a safe at her own expense to preserve the 'Organon', since nobody else from the 'Foundation' showed any interest.

In 1959 PIERRE SCHMIDT from Switzerland (no relation of the present author), on the occasion of his visit to the 'Annual Conference of the International Hahnemannian Association' in San Francisco, asked to see the manuscript but was not able to do so because Mrs. ENGLE had other commitments at the time. After his return to Switzerland, however, Mrs. ENGLE sent him slides of it, at the expense of the 'California Women's Homeopathic Association'. The

only person allowed to look at the actual manuscript was Mrs. ENGLE's family physician, FREDERIC SCHMID.

At the request of HEINZ HENNE at the 'Institute of the History of Medicine' in Stuttgart, a microfilm of the entire manuscript was prepared at the 'University of California, Berkeley', in 1971 and sent to Stuttgart. After that, UCSF's former Professor of Homoeopathy, OTTO E. GUTTENTAG, with the agreement of Mrs. ENGLE, gave the manuscript to the 'Special Collections' of UCSF Library where the library of the 'Homeopathic Foundation of California' had been transferred. Thus, in 1974 GUTTENTAG was able to show the original 'Organon' manuscript to visitors attending an international homoeopathic congress in San Francisco.

Presently, the original manuscript is preserved in the 'Special Collections' of UCSF Library, and open to the public. Users of the Library can look at it under supervision from the library staff. Because of the poor condition of the many old and fragile sheets of paper pasted into it, however, it is generally recommended to use the microfilm. Only in case of specific questions, i.e. when the information to be gained from the microfilm proves to be insufficient, may the original be [44] requested. Most of it is in the old German handwriting, so that there probably will not be too many people who are interested in reading it. (Most Germans today are unable to read the old script. Ed.)

The library user gets the book on a cloth of felt, on a book-stand, with a velvet page holder. Figure 1 shows the interleaved copy of the 5th edition of the 'Organon' which HAHNEMANN used to insert his corrections and additions for the 6th edition.

Where the space available in this interleaved copy proved insufficient for HAHNEMANN's emendations, he pasted in small sheets of paper and continued to write on them. If

these also proved too small, he pasted new sheets on the original sheets etc. Figure 2 shows a page of the manuscript where the total length of pasted together sheets is almost 1 metre, i.e. more than 4 times of the length of a page in the book.

Now let us look at the famous § 270, the only passage in HAHNEMANN'S entire literary work where he described the method of producing the 50,000 or LM (Q) potencies. The beginning of the main part of the paragraph is in HAHNEMANN'S handwriting (Figure 3). In the second part, the original sheet of paper with HAHNEMANN'S handwriting is torn into pieces, with the missing text written on another sheet pasted between the original pieces, in HAEHL'S handwriting. The first footnote to this paragraph is written in another handwriting which, however, can be considered as authorized by HAHNEMANN, since there are inserted words and phrases in his own handwriting. This section may therefore be assumed to have been dictated and personally revised by HAHNEMANN. Footnotes 2 to 6 again are in HAHNEMANN'S handwriting. Footnote 7 starts in HAHNEMANN'S handwriting, but with the sheet evidently torn off, the rest is in HAEHL'S handwriting, with reference to a "dictation by HAHNEMANN" which, however, has not been preserved. In § 284 there are no fewer than 3 different handwritings on the same sheet of paper. First HAHNEMANN'S, then his clerk's, and then RICHARD HAEHL'S.

These photographs (in the new edition published by 'Haug', Heidelberg, in 1992, pages [[45] xxxiv-xl) show why a text-critical edition of HAHNEMANN'S 'Organon of medicine' is an essential requirement for any kind of serious research.

The practical and historical significance of the 6th edition lies in changes made from previous editions. HAHNEMANN expressed new thoughts regarding the concept of "dynamic

actions", the "vital force", "disease", the status of different forms of therapeutics, the nature and treatment of the "chronic miasms", the self-dispensing of drugs, the administration of single drugs and minimal doses, and also the justification of "sniffing" drugs, the application of magnets, "mesmerism", electricity and galvanism, drugs applied by rubbing into the skin, massage and baths.

The most important innovation, however, was the change in the method of potentization and the corresponding changes in dosage and administration. Since every dilution of 1:100 was now followed by a 1:500 dispersion, the new potencies were supposed to have a gentler, more rapid action, so that they could be taken daily, even over a period of several months. This was in complete contrast to HAHNEMANN'S instruction in the 5th edition of the 'Organon' to give just one dose of a high potency and then wait and not give further doses unless the process of recovery slowed down again. Nevertheless, the older method has been used for almost the entire history of homoeopathy. Even after the 6th edition had been published in the 1920s, the new posology was at first completely ignored by the homoeopathic community. One probable reason is that the new manufacturing procedure was more difficult.

Oddly enough, not even RICHARD HAEHL mentioned the new method of potentization in the preface to his new 1921 edition of the 'Organon'; he merely referred to the "centesimal" potencies in § 270. In his biography of HAHNEMANN, published in the following year, he gave a rough description of HAHNEMANN'S changed method of giving pilules, but not the method of producing them. Both books were published by the pharmaceutical company WILLMAR SCHWABE.

In the 4 volumes of his history of homoeopathy, RUDOLF TISCHNER (1879–1961) made only brief reference (4 lines) to the modification in the method of potentization during HAHNEMANN’S time in Paris. Even in the revised edition of his work in 1950 he considered it sufficient to mention the new ratio of dilution of 1:50,000 and denounce it as a “purely spiritualistic concept”.

RUDOLF FLURY (1903–1977) was the first to take HAHNEMANN’S instructions regarding the new potencies seriously and actually try them on his patients. In the early 1940s he produced his own 50,000 potencies, calling them “LM potencies”. He published his experiences in Lyon in 1950. ADOLF VOEGELI (1898–1993) had also applied and recommended the 50,000 potencies at a relatively early date. JOST KÜNZLI VON FIMMELSBERG (1915–1992) started to prepare and apply these potencies in 1949. PIERRE SCHMIDT (1894–1987) thoroughly examined the 50,000 potencies in the course of his French translation of the 6th edition of the ‘Organon’, published in 1952, but – according to his own statement – used them only 2 or 3 times a year.

In 1960 KÜNZLI introduced the term “Q potencies” (quinguagintamillesimal potencies) and again described HAHNEMANN’S directions regarding their manufacture and | [46] application in detail because – in his view – nobody had carried this out accurately until then. Nevertheless, a conference held 5 years later still showed marked differences between the various interpretations of HAHNEMANN’S instructions: some homoeopaths started their treatment with Q1, some with Q6 and some with Q18. LM potencies were not offered by pharmaceutical companies until the late 1950s, and finally a manufacturing procedure was also included in the ‘German Homoeopathic Pharmacopoeia’ (GHP). However, until very recently no

manufacturer produced Q potencies using the original method given by HAHNEMANN.

Sceptics among homoeopaths usually excused themselves for not considering LM potencies on the grounds that the authenticity of the directions given in the edition of the 'Organon' published by RICHARD HAEHL in 1921 was in doubt. Since 1992, however, there is no longer any reason to ignore these directions, because the text-critical edition of the original manuscript vouches for their authenticity.

Why did HAHNEMANN abandon the old way of potentization and adopt a new one? To answer this question let us first follow the development of HAHNEMANN'S concept of potentization. HAHNEMANN published his "Principle of Similars" in 1796. The following year he first used the term "dynamic" with reference to the direct effect of a medicine on the living fibre and nerves of an organism. Applied according the Principle of Similars, i.e. in a state of specific sensitivity, some medicines proved too powerful when given in the usual doses. For that reason, he recommended diluting *Belladonna* to 1/24,000,000 of a grain, for instance, with a few drops to be taken every three days, during an epidemic of scarlet fever in 1800.

If the effect of a small dose needed to be increased in the case of very robust individuals, this, according to HAHNEMANN, could be achieved in two ways:

- by diluting and stirring the medicine in a glass of water, so that it would come into contact with more nerves when it was taken, or

- by dividing the dose into several single doses.

According to an example given by HAHNEMANN the effect of 2 drops given daily for 5 days proved stronger than that of 10 drops taken as a single dose.

HAHNEMANN even established a mathematical ratio for both methods and published this in all of the first 5 editions of the 'Organon'.

Apart from these practical tenets HAHNEMANN was also theoretically convinced of the infinite divisibility of matter. Thus even the smallest part of the highest dilution would, according to him, always still contain "something" of the original substance and would never become "nothing".

Proceeding from these concepts, HAHNEMANN arrived at ever increasing dilutions in the years that followed: In 1806 he mentioned a dilution which contained only a "quintillion" of a grain (corresponding to the 15c); in 1809 he had reached a "sextillion" of a grain (corresponding to the 18c) and in 1816 finally a "decillion" (corresponding to the 30c). This was the time when HAHNEMANN gradually progressed to a kind of standardization of the manufacturing procedure of these "dilutions", as he still called them. He described the systematic dilution and succussion of a tincture in the ratio 1:100 (up to the 30c) for the first time in 1816, and in 1818 gave an example for the systematic trituration of insoluble substances with lactose in a ratio of 1:100 (up to the 2c). In 1821 he prescribed the number of 10 strokes for each dilution stage.

Meanwhile, HAHNEMANN had been exposed to more and more hostility, for not only did he lecture on his fantastic doctrine at the University of Leipzig, but he also insisted on dispensing his own medicines. In order to ridicule HAHNEMANN'S posology, his opponents compared the high attenuations with the dilution of one drop of medicine in Lake Geneva. Confronted with this kind of argument, HAHNEMANN developed a new concept in 1821: medicines would not be dead matter, but rather spiritual entities or powers which would seem to be bound and frozen only

when in their crude state. By using a special method of preparation, however, they would become unbound and developed, and their action more rapid and powerful. In 1824, HAHNEMANN therefore limited the number of strokes per dilution stage to 2 and the duration of triturations at each stage to 1 hour. The purpose was, as he wrote, “to keep the development of the medicinal powers moderate”. In addition he now also described the dispersion of 1 drop over tiny sugar-pilules. It was only when all elements of his new method of a gradual dilution, trituration and succussion had been introduced that HAHNEMANN finally coined the term “potentizing” in 1827.

[[47] In his ‘Chronic Diseases’ published in 1828, and in connection with his discovery of the colloidal solubility of insoluble solids, HAHNEMANN gave very precise instructions on how to manufacture a 3c trituration of any medicinal substance and then process this in the form of dilutions. This direction can be found as Footnote 1 of § 270 in the 6th edition of the ‘Organon’. In other words, it is the basis for the production of every LM potency.

All editions of the ‘Organon’ state that “continuing and increasing amelioration (of a disease) precludes repetition of any medicine”. In spite of this, HAHNEMANN, from 1832 onwards, started to reduce the period of observation after the application of a high potency as far as possible in order to accelerate the healing process, especially of chronic diseases. In contrast to his former view, he now found that repetition of the same dose was necessary as well as possible, even in chronic diseases. As an example, small doses of *Sulphur* 30c could be repeated – if necessary with the use of intercurrent medicines – about 4–10 times at intervals of 7–14 days. In acute diseases the 30c could be repeated even within a couple of hours. In connection with these 2 new tenets,

1. that medicines accomplished more, the more frequently they were given, and
2. that they could be repeated the more frequently, the smaller the dose,

HAHNEMANN increasingly stressed sniffing of medicines. An article on the subject which he published in 1832 was incorporated in the 5th edition of the 'Organon' the following year. A new paragraph now read: "The dose of the same medicine is repeated until it ceases to produce an amelioration".

In the 2nd edition of 'Chronic Diseases' (1835) HAHNEMANN again stressed the necessity to let every dose "act for as long as amelioration increases". But as an "approved exception" he mentioned cases where during the treatment of a chronic disease there is no further amelioration after 7-14 days, and on the other hand no aggravation. Here it would be possible and necessary to repeat the doses of the same medicine in the "same minuteness", but possibly using modified potencies, e.g. the 30c followed by the 18c, then the 24c followed by the 12c or 6c, etc. The potency could also be augmented by diluting and stirring the dose in a glass of water and dividing it, e.g. over three days. Apparently HAHNEMANN recalled principles discovered 30 years earlier. The instructions for administering LM potencies also rest on these principles.

By 1837 HAHNEMANN had elaborated the procedure: He referred to dissolving 1 pilule in 7-20 spoons of water, adding some spirits of wine for the purpose of better preservation, the daily or hourly administration of a spoonful, depending on whether the disease under consideration was chronic or acute, shaking the liquid with 5-6 strokes before its administration to modify the degree of dynamization, etc. All these instructions are almost

identical with those for LM potencies. The only fundamental difference was that the sequence of potencies descended, i.e. first the 30c, then the 24c, etc. Since in this way every dose of a medicine could be “divided” over 15–30 or more days, it now seemed to HAHNEMANN that no potency should be too powerful. Instead of the former 2 strokes per potency, he now again recommended 10 strokes. Curiously enough, this short statement by HAHNEMANN (a preface to ‘Chronic Diseases’, vol. 3) was omitted from the otherwise complete English translation of the work by LOUIS H. TAFEL. The publishers of this standard work were the pharmaceutical company ‘Boericke & Tafel’ which had been established by FRANZ EDMUND BOERICKE and LOUIS H. TAFEL’S brothers RUDOLF L. and ADOLF J. TAFEL. In 1839 HAHNEMANN eventually went much further, recommending “10, 20, 50 or more powerful strokes” at every stage of potentization, coming closer and closer to the final number of 100 strokes prescribed for LM potencies.

This much was published regarding the method of potentization and administration of homoeopathic medicines by HAHNEMANN in his lifetime. Compared with these instructions, the directions for LM potencies found exclusively in his manuscript of the 6th edition of the ‘Organon’ do not seem to be really new. Elements used before were – with reference to the production of LM potencies – systematic trituration to the 3c, subsequent dilution in the ratio 1:100 and 100 succussion strokes per potency, also – with reference to posology – dilution of one pilule in 7–8 spoons of water, addition of spirits of wine, shaking of the bottle before each administration, dilution of a spoonful in a glass of water, stirring vigorously, daily or hourly administration of a teaspoon of the dilution for months, i.e. for as long as improvement continues. What

was [[48] new in the manufacture was the additional dispersion of 1 drop over 500 pilules per potency and – in the method of administration – the rising sequence of potencies. However, dispersal of 1 drop over pilules and the administration of a homoeopathic medicine in increasing attenuations were already elements in HAHNEMANN’S armamentarium, except that they had not been systematized in this particular way.

As it turns out, these late instructions of HAHNEMANN do not mean a complete change from all his previous teachings. Rather they are the logical completion of a course he had been following for 10 years. LM potencies were HAHNEMANN’S solution for the following therapeutic dilemma: on one hand physicians are inclined to repeat a high potency as often as possible in order to accelerate the healing process; on the other hand they should refrain from repeating the dose to avoid violent aggravations. According to HAHNEMANN, it was not until 1842 that he described the most perfect method of pharmacotherapeutics. Only this guaranteed the “*cito, tuto et iucunde*” of CELSUS (1st century) as well as the “rapid, gentle, and lasting” cure that HAHNEMANN had always advocated.

The significance of the 6th edition of the ‘Organon’ as far as the LM potencies are concerned does not lie in completely new views expressed by HAHNEMANN (as PIERRE SCHMIDT still felt to be the case in 1961), but rather in the final arrangement of concepts which HAHNEMANN had used over many years and decades. This kind of arrangement is, however, unique in HAHNEMANN’S entire literary work. If the manuscript had been lost during the last 150 years, we would not have had the opportunity to discover its actual contents, let alone been able to edit it in a serious and scientific way.

Let us therefore bear in mind all the people who contributed to the preservation of this invaluable, historical medical document.

[Figures] *

[[44] Fig. 1. Interleaved copy of the 5th edition of the 'Organon' with corrections and additions for the 6th edition. University of California, San Francisco, Library.

[[44] Fig. 2. A page of the manuscript, with additional text on attached sheets of paper.

[[45] Fig. 3. First part of § 270 of the 'Organon', 6th edition (manuscript).

[Note]

* Revised and extended version of a paper read at the VHAN Conference in The Hague and the LMHI Congress in Vienna, April 1993

The esoteric and exoteric view of homoeopathy

Two sides of the same coin?

In: British Homoeopathic Journal 1998; 87 (2): 100-105

Abstract

[[100] The terms “esoteric” and “exoteric” are used in German idealistic philosophy for the view from the inside (of the thinking process) and from the outside (on the thoughts that result). They can also be used to present new perspectives of homoeopathy.

Homoeopathic literature generally explains homoeopathy esoterically, i.e. as seen through the eyes of devoted practitioners, in terms of faithful obedience to universal laws, eternal truth, divine revelation, etc.¹⁹ In contrast to this, critical medical colleagues usually look at homoeopathy exoterically as a system based on speculation and dogmatism with no clear evidence of efficacy. The reaction to the critics’ exoteric view has divided homoeopaths into those who adopt the critics’ way of reasoning and try to prove their own claims scientifically, and those who ignore external criticism and just go on with their medical work. Both positions are one-sided and have severe shortcomings. Nevertheless, they have decisive practical impacts.

Faithful adherence to the doctrine of homoeopathy is likely to help physicians get a maximum effect out of it that would probably not be possible to achieve with a sceptical attitude towards its principles.

Limiting one’s horizon to a strictly esoteric view, however, may also be detrimental to the patient, if not balanced by a realistic exoteric view of one’s own

limitations. A self-critical attitude may curtail otherwise possible clinical results, but in the long run a mixed position will be safer for patients, and is the only way of communicating and collaborating with mainstream medicine and legislators. Keeping the balance between an esoteric and an exoteric view of homoeopathy is an art, dependent on virtues and bound to ethics. Homoeopathy is therefore not merely a medical method. Its wise application also involves spiritual, artistic and ethical dimensions on the part of the practitioner.

Introduction

Most people will probably agree that life, especially human life, is a great mystery. Who can really claim to know himself, to have solved the riddle of birth and death, or even to say what love is, or virtue, understanding, or indeed health, illness and healing?

At the same time we are all sure that the world has meaning and try to understand the things that are important to us by using reason, apart from anything else in the hope that this may make life easier for us. The whole of our civilization and culture, both science and religion, are outcome and evidence of what people have considered reasonable through the ages. Attempts to design a rational picture of the world and create an ordered cosmos for oneself have differed widely in different eras and on different continents. This is particularly true for the process of philosophical reasoning which during the period of German idealism developed an impressive, independent existence in GEORG WILHELM FRIEDRICH HEGEL'S (1770-1831) system of the absolute spirit.²⁰

HEGEL overthrew the traditional view that human subjects are using their capacity for understanding more or less as

an instrument for the perception of particular objects. HEGEL made the spirit itself the subject which develops in the medium of human thinking and [[101] actions, and in this, ultimately finds itself. This concept made it possible to present all spheres of cultural life (from logic and aesthetics to the philosophy of right, of history and of nature and the history of philosophy (which was to have its culmination in the philosophical system which had now been achieved)) as necessary stages in the evolution of the world spirit.

The essential problem with any appraisal of HEGEL, is that there are only two positions one may take. You either accept that there is nothing that can be thought outside the spirit (not even a “thing in itself”). One then finds oneself right inside the system, with no possibility of looking at it critically. The other position is to criticize HEGEL’s approach as a whole. Esoterically speaking, however, this is simply proof that one has not yet understood that there can be no thinking (including critical analysis) outside the thinking process (of the absolute spirit). HEGEL himself called this last position “exoteric” – i.e. looking at thoughts from outside, as it were, judging them without having gone into them. On the other hand the esoteric view of god, of identity, of insight and of concepts he considered to be “philosophy itself”.²¹ In so far as it is possible with HEGEL’s system to grasp any thought, esoterically, as one’s own and assign it a place in the great whole, the system may be, exoterically, called totalitarian, embracing practically everything, with nothing external to it.

A very similar structure, formally speaking, may be seen in monotheistic religions. Thus when JEHOVAH made a covenant with his chosen people in the ‘Old Testament’ and forbade them to have any other gods (‘Exodus’ 20,3), everything that happened from then on could, and indeed

must, esoterically, be seen and explained as due to the actions of this one god. Anyone who, exoterically, accepted the involvement of other gods in working out the plan of salvation would be considered a heretic.

The same rationale runs like a thread through the history of Western science and medicine. Compared to ancient China, for instance, where the logical contradiction of different medical methods practised at one and the same time was never considered a particular problem, it seems to be a characteristic feature of Western scientific tradition that every new system is making a claim to be universally valid. In the West, acceptance of one paradigm has always meant rejecting all others.

Homoeopathy holds a prominent position within this tradition. Like PARACELSUS (1493–1541) before him, its founder saw himself as the LUTHER of medicine²² and did indeed create a kind of schism among the medical profession into “homoeopaths” and “allopaths”. Although in his early years HAHNEMANN (1755–1843) took his new *similia* principle merely as a maxim, with its practical usefulness ultimately dependent on empirical findings, later he grew more and more convinced of having discovered, with the aid of divine providence, nature’s only true law of healing. With successes considered entirely due to this basic principle, and failures ascribed only to its faulty application, homoeopathy had become a comprehensive self-sufficient system. The master would consider those who, esoterically, put their whole trust in it for their medical work, his faithful disciples. Anyone who, exoterically, would occasionally also use other methods was accused of “bastard homoeopathy” or “unhomoeopathic crimes”.

With this uncompromising line taken by the founder of the new school, later generations were in a position similar

to that of scripture exegetes in that they could do nothing but apply the supposedly eternal truths to new observations and discoveries in changing situations, thus differentiating the doctrine further. The starting point and goal of such further developments was, however, always the law of similars. One might attempt to determine empirically, which changes in specific variables would increase the number of homoeopathic cures, and develop more precise preconditions and conditions in the field of methodology. Examples of both may be found in the works of JAMES TYLER KENT (1849–1916).²³

Kent's homoeopathic philosophy

KENT was convinced that the only true, i.e. scientific and curative, method of healing was homoeopathy as presented in the 5th edition of HAHNEMANN'S Organon (1833). In 30 years of homoeopathic practice, KENT found again and again that deeper and more detailed study of HAHNEMANN'S directions improved his clinical results. He also made his own contributions to the homoeopathic method. In the revised editions of both his Repertory and 'Materia Medica'²⁴ he specified the great value of general, peculiar, and mind symptoms compared to the relatively low value of common symptoms and pathological changes. He would particularly use high potencies, considering them more clear-cut in their actions, administering them in a rising sequence (30th, 200th, 1m, 10m, 50m, cm, dm, mm), and gave detailed rules for making a second prescription, depending on the reaction to the first, attaching considerable value to CONSTANTINE HERING'S (1800–1880) suggested direction and sequence of improvement in symptoms, as healing progresses.

KENT had evolved these and other rules on the basis of practical experience, but his thinking also followed a philosophy inspired by EMANUEL SWEDENBORG (1688–1772),²⁵ knowledge of which he considered essential if homoeopathy was to be properly understood, actively encouraging his students to take it up. KENT differentiated between the worlds of matter and spirit, the first consisting of crude substances that could be perceived with the senses and quantified, the second consisting of invisible “simple substances” that differed only in quality. Examples of such “simple” or “primitive” substances, which he considered to be a fourth, invisible state of matter, were electricity, gravitation, cohesion, heat or energy, magnetism, also light, intelligence and god. Material bodies were considered to be dead, with life and order given to them only by different degrees of “influx” of “simple substances”. He saw the real human being to be not the physical body but “the internal of man”, above all his will and understanding.

Applying these metaphysical views to medicine, HAHNEMANN’S “vital force” as well as the causes of disease and potentized medicines became “simple substances”. KENT thought that it was possible, essentially, to enhance their inner quality to an infinite degree by potentization. Every proved drug, he said, contains a particular image of man.²⁶ Increased susceptibility to disease was considered to reflect an inner lack of order, that is, wrong will, thinking or actions. With general, peculiar, and mental symptoms, seen as part of the inner human being, a cure for the whole human being was achieved only with their disappearance rather than that of pathological symptoms.

Strict adherence to this philosophy meant, among other things, that a moralizing attitude developed, with illness considered to be due to sinfulness (psora to original sin,

syphilis and sycosis to immoral acts). Patients who practised contraception, for instance,²⁷ or had no distinct individual symptoms,²⁸ were considered untreatable or incurable, and anyone not willing to keep a record of symptoms, was precluded from further treatment.²⁹ Patients were not permitted to use palliative medication, even if symptoms were severe, and were asked instead to endure the aggravation of symptoms that might occur with homoeopathic treatment, etc. Physicians who were not prepared to demand these and other things of their patients were called “simple-minded creatures” or “grovellers in muck and mire”,³⁰ and told that to follow the law of homoeopathic cure was more important than the patient’s life (“the death of a patient is nothing in comparison with violation of the law on the part of the doctor”).³¹

Some of his students clearly had problems in following him in every respect, and KENT, therefore, also taught all the personal and philosophical premises he considered essential for his teachings to be fully understood. In the first place, he said, it needed self control “in order to become a man” (worthy of respect),³² but also trust, faithfulness, humility, purity and innocence, as well as obedience to the truth and love of homoeopathy. He wrote that to assess a patient correctly, one must not only know one’s *materia medica* and be a trained observer, but also have reached “the highest that is of man” oneself, a level from which it is then possible “to study all the gradations down to the lowest image of mankind”.³³

KENT said that, first of all, a student of homoeopathy must learn to fundamentally accept that the world is governed by laws which cannot be changed but at most be confirmed by experience,³⁴ that theology and homoeopathy “cannot be

divorced”,³⁵ that divine providence must be recognized³⁶ with the word of God being accepted as historical,³⁷ that “there is absolutely but one way”,³⁸ that the law of similars has universal application,³⁹ that homoeopathic doctrine has to be fully believed in as a fact⁴⁰ and that homoeopathy is a perfect science.⁴¹ KENT equated freedom from prejudice with “learning all the truths and all the doctrines of homoeopathy”⁴² and recognizing both its law and authority.⁴³ Anything that is not in accordance with the principle “should not be admitted”,⁴⁴ particularly as “one cannot afford to be liberal with principle”.⁴⁵ To be able to resist the temptation to give non-homoeopathic medicines for symptomatic relief on occasion, it was considered to be necessary to let a new conscience grow up within oneself.⁴⁶

[[103] The keystone to this esoteric view of homoeopathy was KENT’S circular definition of a homoeopathic remedy as the medicine that has truly cured the patient concerned,⁴⁷ so that (by definition) there cannot be homoeopathic remedies that do not cure.⁴⁸ If the hoped-for cure fails to arise, this is either due to the patient (indulging in vices, idiosyncrasy, etc.), the severity of the condition (terminal pathological stage, lack of reactivity, etc.), presumed allopathic treatment received earlier (suppression of symptoms, etc.), the incompetence of the homoeopath (choice of wrong medicine, wrong potency, too frequent repetition, etc.), impurity of the medicine (unreliable manufacturer, etc.), etc. etc. Whichever it may be, “the law stands unimpeached”.⁴⁹

Criticism of Kent’s approach

KENT’S esoteric philosophy will seem utterly plausible to anyone who considers HAHNEMANN the greatest physician of

all times, KENT a true Hahnemannian and the law of similars a God-given revelation. Taking a different view, however, say that of modern science, KENT's lack of regard for pathology, bacteriology, objective clinical symptoms and the pharmacology of crude, undiluted substances, his predilection for subjective and above all mental symptoms as criteria both for selecting the indicated medicine and assessing outcome, and the use of extremely high dilutions, would appear to be a withdrawal into a niche of medicine that allows no validation based on measurement.

Exoterically speaking, key elements in KENT's approach would be: lack of objective assessment, of quantifiability, of reproducibility and of comparability with outcomes of other forms of treatment, all categories for which there is no room in KENT's esoteric philosophical cosmos. Instead of a continuous process of establishing scientific hypotheses and then verifying or falsifying them experimentally, KENT's approach, from the exoteric point of view, often begs the question, i.e. attempts to prove theses by means of other equally unproven theses (*petitio principii*). This does not come to notice much within the Kentian approach, as gaps in the logic are generally covered over with eloquent affirmative statements. It would also be possible to show, from the exoteric point of view, the naturalistic fallacy which arises when general metaphysical concepts (the world's conforming with natural laws, inner and outer aspect of substances, etc.) are concatenated with concrete medical concepts and used as synonyms (law of similars as the upmost law of nature, general and peculiar symptoms representing the inner human being, etc.), a problem area which cannot even be perceived if the esoteric approach is taken.

Like HEGEL, KENT might reply to his exoteric critics that they are simply in no position to understand the real active

principles in life, and therefore incapable to penetrate his system adequately or follow it esoterically. Someone who had seen it to be true, would no longer criticize it, so that exoteric criticism always indicates lack of insight on the part of the critic. Apart from this logical immunization, KENT and his followers could, of course, esoterically speaking, refer to the many actual cures achieved through reliance on the law of similars. From the exoteric point of view, however, such cures may also be random, due to suggestion or to other (non homoeopathic) causes not yet known. Even the historical fact of the worldwide spread of homoeopathy, which varied enormously from continent to continent, can, on the one hand, esoterically, be seen as the result of fighting for recognition for the efficacy of homoeopathy, denied by the representatives of conventional medicine. On the other hand, exoterically, it can equally well be ascribed to widely differing political, social, economic, cultural, personal and national peculiarities in individual countries.

Both approaches are limited and biased, each clearly offering categories and arguments which the other does not include and cannot follow. Just as there is no position in space from which the whole of the earth can be seen at one glance, so, to use the analogy, assuming a particular standpoint gives one the opportunity to illuminate one specific aspect of an object, but also at the same time always obscures the other side of the coin. Every time we consider a particular point of view to be absolute, be it philosophical, political or medical, we inevitably lose the complementary reality.

Totalitarian systems present a glittering facade as long as everything conforms to the system, but a closer look reveals their shadow side when dealing with everything that lies outside the official frame-work. Data that cannot

be integrated into a scientific system can generally be neutralised by ignoring, relativizing, reinterpreting, rationalizing or devaluing them, by denying, suppressing or [[104] destroying them. Examples of this kind of defence mechanisms in medicine are the way the effects of homoeopathic remedies are attributed to *placebo* effects, but also KENT's statement that bacteria are not the cause but merely a product of disease, or the way he downplayed patients' suffering, however severe, if the absence of specific symptoms made it impossible to find a homoeopathic remedy.

Practical implications

Apart from these epistemological aspects, the relationship between the esoteric and exoteric approach to homoeopathy has also a practical dimension. Like in drug provings, individuals susceptible to particular views will also feel the effect of those views if they choose to follow them. Reading religious works and *belles lettres*, for instance, will calm the mind and have an elevating effect. Taking up the esoteric view of homoeopathy can have a similar effect, also engendering enthusiasm, confidence, perseverance, security, satisfaction, and pleasure in one's work. A homoeopathic practitioner with these attributes will show thoroughness in his study of *materia medica*, carefulness in visiting patients, concentration in assessing histories and prudence in prescribing. He will be less likely to give up in difficult cases, and will impress patients through his composure.

The more a physician is influenced by the exoteric view, however, the greater will be his potential for scepticism, mistrust, uncertainty, generalisation, lack of motivation and ultimately, often a superficial approach to history taking, analysis, and prescribing will result. Where no clear picture

can be seen he will be more inclined to prescribe mixtures of homoeopathic medicines, often repeating them at short intervals or using conventional medication concurrently, and to change his regimen anxiously even in case of slightest aggravations.

From a theoretical point of view, the two approaches may seem harmless and equal in value, but they have considerable consequences for those who get caught up in them. Far from being neutral facts that may be looked up and compared in books found side by side on a shelf, they can be seen to be highly infectious germs, leading to a course of events which they are going to perpetuate, as keys that open new undreamt dimensions, or as a kind of vortex that, the more it draws one in, the less it can be resisted. These images help us to see the problem of communication, let alone reconciliation between individuals who are each caught up in one particular approach. We have to resort to metaphors at this point because, categories for dealing adequately with dynamic phenomena of this kind cannot be found at the level of facticity and reproducibility.

The more we deviate from the narrow path as we walk a mountain ridge, the harder it will be to regain it. Minor deviations from the path will, of course, make it possible to study some of the nearby rock formations in more detail, but the best view of the whole is only gained whilst one is on the ridge, between the two abysses. Taking this as an analogy, how can we become aware of our own particular onesided view, discover the degrees of freedom enabling us to adopt different positions, experience opposing views, and ultimately find and reach the mountain peak from where we have a full view of both sides?

It usually needs training and a certain gift to acquire a technique. This presupposes a range of abilities (for

example, capacities of concentration, understanding and differentiation) and virtues (for example, diligence, dedication, honesty). Each of these abilities and virtues can – of course – be trained individually. Their purposeful and skilled use and optimization of their relative proportions, however, is an art which is to serve only the set goal. In medicine, the aim of one's art, or skill, is to heal human beings. This implies an ethical dimension which requires the highest level of moral integrity on the part of the physician.

Thus, "the physician's highest and only mission" is, and always will be, "to restore the sick to health, to cure, as it is termed".⁵⁰ If a reliable positive relationship existed between the esoteric view of homoeopathy and the cures achieved with it, it would also be his duty to make this view his own in the widest possible sense. If the only protection against an immodest encroachment of the esoteric approach that might be harmful to the patient, were to consist in balancing it with an exoteric view of homoeopathy, the physician would also be under an obligation to familiarize himself with this view. Critical review of one's own limitations, however, may dampen the optimism of a wholly esoteric approach, so that some of the healing powers connected with it may be reduced. Yet this more balanced approach [105] would still be the safest, considering that one might otherwise go beyond one's limits. In addition, homoeopathic physicians must be in a position to think and speak equally well in both esoteric and exoteric categories, if genuine communication is to be possible with academic medicine and the legislators, and homoeopathy is to be prevented from becoming a ghetto practice.

The greatest skill and art a physician can have, would ultimately be to maintain a balance between the esoteric

and exoteric view of homoeopathy (both are important but dangerous if taken to excess). To be able to do this, physicians need a great number of abilities and virtues, including the courage to abandon the cosiness of indulging in an uncritical esoteric position and (for the sake of the patients) also consider exoterically its dark sides, limits, and inherent risks. Homoeopathy is thus not simply a method of practising medicine. Correct use of it clearly involves a whole sequence of spiritual, artistic and ethical dimensions on the part of the homoeopathic practitioner which should therefore be addressed and developed in homoeopathic training.

[Note]

[[100] *A paper read to the '52nd Congress of the Liga Medicorum Homoeopathica' held in Seattle, Washington, USA, 28 May - 1 June 1997. English by A.R. Meuss, FIL, MTA.

Homeopathy in the American West

Its German connections

In: Culture, Knowledge and Healing: Historical Perspectives of Homeopathic Medicine in Europe and North America. EAHMH Publications (European Association for the History of Medicine and Health), Sheffield/GB, 1998, pp. 139-172

[Introduction]

[[139] Homeopathy, a branch of drug therapy based on the “principle of Similars”, or treatment of likes by likes, was founded in Germany two centuries ago. After its introduction into the United States in the 1820s and an impressive expansion during the second half of the nineteenth century, there was a rapid decline of this medical system at the beginning of the twentieth century. However, for the past two decades, it seems once again to have experienced a form of renaissance, especially in the American West. This recent development toward an increasing social and political relevance of homeopathy is mirrored also in medical historiography. Prior to the investigations of JOSEPH F. KETT, MARTIN L. KAUFMAN, WILLIAM G. ROTHSTEIN, and HARRIS L. COULTER little scholarly research had been done on the history of homeopathy.⁵¹ Meanwhile, medical historians have expanded significantly the scope of their field by including also historical and social perspectives of “medical sects” of the nineteenth century. Among these, however, homeopathy seems to have been the most important. This paper traces the Germanic connections to and influences on the history of homeopathy in the United States during the nineteenth century, especially in the American West. Since homeopathy was

founded and developed in Germany, it would be expected that Germans played a major role in transferring and establishing homeopathy in North America. On the other hand, however, some of the most important factors for homeopathy's eventual decline came from Germany, primarily in the form of modern laboratory science and the German medical school system.

Early German homeopaths in the American East

[[140] Homeopathy was first introduced into the United States on its East Coast and progressed to the West Coast two decades later. SAMUEL HAHNEMANN (1755-1843), a German physician and the founder of homeopathy, was living at Köthen (Saxony) and working on his theory of chronic diseases when the essentials of his new method of therapeutics⁵² came to America via two different paths.

The first path was the result of the efforts of HANS BURCH GRAM (1786-1840), who was born in Boston as the son of a Danish immigrant and educated in Copenhagen, where he received his medical degree and endorsed the principles of homeopathy. After his return to America in 1825, he opened an office in New York and began to practise homeopathy. At that time he published a small pamphlet entitled 'The Characteristics of Homoeopathia' being the first publication in the United States on homeopathy. This was a translation of HAHNEMANN'S essay 'Geist der homöopathischen Heillehre'.⁵³ However, according to BRADFORD, GRAM'S twenty years in Denmark "gave this little missionary tract such a Danish-German-English grotesqueness and such complicated grammatical construction that it was difficult to read understandingly". Since it was doubtful whether anybody read it, nothing further was written by him.⁵⁴

The second path by which homeopathy made its appearance in the United States was mainly through German-speaking physicians in Pennsylvania. One of these was HENRY DETWILLER (1795–1887), born in Basel, who had completed five Semesters of medicine at the University of Freiburg. He took the medical board examination in Amsterdam and left Europe in 1817 as an appointed physician on a ship to Philadelphia. He settled first in Allentown, Pennsylvania, where the language spoken was chiefly German and, subsequently, he opened an office in Hellertown, Pennsylvania. In the largely German populated town of Bath, twelve miles north, he met socially, as well as professionally in consultation, his colleague WILLIAM WESSELHOEFT (1794–1858). WESSELHOEFT was born in Jena and studied medicine there, in Berlin and in Würzburg where he graduated. He became involved in political activities in the Burschenschaften, was imprisoned, and escaped to America in the early 1820s. WESSELHOEFT received from his father and from his old fellow student, ERNST STAPF (1788–1860), German books on homeopathy and a box of homeopathic remedies. The two doctors investigated the new system and, eventually, DETWILLER administered the first homeopathic dose to a Pennsylvania patient on July 23, 1828. WESSELHOEFT soon began to give his patients homeopathic medicines, as did EBERHARD FREYTAG, CHRISTIAN J. BECKER, and other German [[141] physicians.

A lay practitioner among the early German promoters of homeopathy was JOHANNES HELFRICH (1795–1852), a Moravian minister in Weisenberg, Pennsylvania, who together with his pastoral work prescribed homeopathic remedies for the ailments of his parishioners. Consequently, after 1830 his house became more of a hospital than a school. Another layman was GEORGE HENRY

BUTE (1792–1876), who was born in the duchy of Schaumburg Lippe Bückeburg. After a roving life in Europe, he migrated to Philadelphia in 1819. He became acquainted with the Moravians and in 1828 received a special commission to go to Surinam as a Moravian missionary where he became a student of CONSTANTINE HERING. After his return to the United States in 1831 he became HERING's partner and practised in Philadelphia for six years.

CONSTANTINE HERING (1800–1880) was the most important German homeopath of that period. He was born in Oschatz (Saxony) and studied medicine in Leipzig and Würzburg, where he graduated in 1826. He was sent on a botanical and zoological expedition to Surinam and after six years, instead of returning to Germany, went to Philadelphia in 1833. HERING was the principal initiator in establishing both the pioneer organisation of homeopathy in the country, the 'Hahnemann Society', in 1833 as well as the first college of homeopathy in the world, the 'Nordamerikanische Akademie der homöopathischen Heilkunst', founded in Allentown in 1835. As most of its professors were graduates of German universities, instruction was given entirely in the German language.⁵⁵ HERING's address, 'A Concise View of the Rise and Progress of Homoeopathic Medicine, delivered before the Hahnemann Society in Philadelphia in 1833' (the second homeopathic publication printed in the United States) was published first in German.⁵⁶ The teachers and graduates of the 'Allentown Academy', however, spread the new doctrine throughout the country. While in 1835 there were no practitioners of homeopathy in any of the States except New York and Pennsylvania, by 1840 homeopathy was established in sixteen different states.⁵⁷

Early German homeopaths in the American West

Homeopathy arrived in the American West almost twenty years after its introduction into the country by GRAM and DETWILLER. In California it was referred to as a “Forty-Niner”, i.e. it came with the great wave of immigrants and adventurers at the beginning of the Gold Rush in 1849.⁵⁸ Since between 1,300 and 1,500 doctors moved to California in those early years, physicians soon outnumbered virtually every other profession. The Californian El Dorado probably possessed the highest ratio of physicians to patients in the world. The doctors came from many different schools of | [142] medicine and with different political convictions. HENRY GIBBONS, in his address as retiring president of the ‘State Medical Society’, in 1858 commented: “No country in the world is supplied with physicians so diverse in character. We have all the peculiarities of all of the schools in the world. The physicians of California know less of each other than the physicians of any other land; and they care less for each other. We live in continual war with each other – internecine war, murderous and suicidal. It is so elsewhere, but more so in California”.⁵⁹

Contrary to the large number of physicians, early Californian exponents of homeopathy were not numerous. BENJAMIN OBER drifted to the mines in 1849. In 1850 MORITZ RICHTER became San Francisco’s first homeopath and by 1853 five others were practising in the city: JOHN N. ECKEL, JOHN J. CUSHING, CHARLES G. BRYANT, DAVID SPRINGSTEED, as well as F. KAFKA (1813–1893),⁶⁰ a graduate of Vienna and Freiburg who claimed to have been a member of NAPOLEON’S Russian army. In the middle of the nineteenth century, homeopathic references listed a disproportionate number of Germanic practitioners.⁶¹ BENJAMIN OBER (1800–

1867)⁶² was the State's first homeopathic physician. He crossed the Rocky Mountains, arriving in San Francisco in 1849 having some twenty year's experience as a physician in Maine and Pennsylvania, where he had joined the 'American Institute of Homeopathy'. Since San Francisco was nothing but a large mining town, he established himself in a cabin at a little settlement at the heart of the mother lode among the miners. California's second homeopath was MORGAN JOHN RHEES who came at the end of 1849 by the way of Cape Horn. He settled in Stockton where he practised for five years, but in 1855 he returned to his home in New Jersey. He also was a member of the 'American Institute of Homeopathy' and translated numerous German articles into English. The third homeopathic physician to arrive in California was MORITZ RICHTER, who came to San Francisco in 1850. He was born in Saxony and graduated from Heidelberg University. He was imprisoned as a political offender as some of his published articles offended the authorities and on release was deprived of his citizenship. He emigrated to America and studied homeopathy with his German friend C.F. VON HOFFENDAHL in Boston. He then moved to Nantucket, Massachusetts, where his daughter married JOHN N. ECKEL - a homeopath - in 1852. In 1849 RICHTER left his practice with ECKEL and established himself in San Francisco. But as his wife did not join him, he returned to Nantucket and finally settled down in Brooklyn, New York, where he remained for the rest of his life.

In 1853 JOHN NICHOLAS ECKEL arrived in California where he became the nestor of homeopathy on the West Coast. He was born in Bavaria in [143] 1823, emigrated to Massachusetts in 1840, where he became associated with the early German homeopaths C.F. VON HOFFENDAHL and the elder WESSELHOEFT. In 1852 he married ELISE, daughter of

MORITZ RICHTER in Nantucket, and settled for a short time in Syracuse, New York. He moved to San Francisco in 1853, where he practised homeopathy until his death in 1901. He was one of the chief promoters and founders of the 'Hahnemann Medical College of San Francisco' and served on its faculty until he died. He was awarded an honorary degree from the 'Homeopathic Medical College of Missouri' in 1871. Both RICHTER and ECKEL received their early homeopathic training at the office of C.F. VON HOFFENDAHL in Boston, one of the old Philadelphia homeopaths who had previously practised homeopathy in Germany for fifteen years during the time of HAHNEMANN.⁶³ MAXIMILIAN J. WERDER, a native of Württemberg, came to America in 1854. After having been cured by a homeopath, he studied medicine, graduated from the 'Homeopathic Medical College of Pennsylvania' in 1866, and in 1868 left for California in search of a milder climate, making San Francisco his permanent residence. JOHN H. FLOTO was born and educated in Prussia and came to America in 1830 as a Lutheran minister. He first attended 'Jefferson Medical College of Philadelphia', but in 1837 enrolled at the 'Allentown Academy' where he graduated. He was a member of the 'Philadelphia Prover's Union', organised by CONSTANTIN HERING, and in 1843 he became the pioneer homeopath in Salem, Massachusetts. FLOTO spent the years 1847 to 1849 in Europe, where he met many of the pupils formerly studying under HAHNEMANN. He travelled to California via New Orleans in 1860, eventually becoming one of the best known physicians in California. He lived to enjoy the distinction of being the oldest homeopathic physician in the world, dying in Oakland in 1904 at the age of ninety-nine years.

After the country's first homeopathic medical college had been established in Philadelphia in 1848, the West was

supplied also with American born students graduating from the eastern homeopathic colleges. Some of the first doctors came from England, e.g. FREDERICK HILLER, one of the pioneers in San Francisco. He had graduated from the 'Royal Academy of Surgeons' in 1840 and practised in Europe until 1848 when he emigrated to America. The following winter he became a homeopath and established the first homeopathic hospital on the Pacific Coast, in Nevada City in 1854. There were fourteen homeopathic physicians in San Francisco in 1870, forty-eight in 1885, eighty-eight in 1890, and ninety in 1904. In addition to the physicians in San Francisco, JAMES MARS SELFRIDGE, a former regular medical graduate of 'Jefferson', began to practise homeopathy in Alameda County in 1863. He moved to Oakland in 1866 where the pioneer [[144] homeopath was T.C. COXHEAD in 1864, as was CHARLES W. BREYFOGLE in San José in 1872. A.O. HARDENSTEIN introduced homeopathy to Sacramento residents in 1851. The pioneer homeopath in Santa Barbara was EDWARD T. BALCH, and in San Diego GEORGE W. BARNES. The latter had graduated from the 'Western College of Homeopathic Medicine' in 1851 and, because of ill health, moved to California in 1869. In Los Angeles, the first name recorded was A.S. SHORB, who opened his office in 1871.⁶⁴ The sources do not allow exact determination of these early homeopaths' ancestors but names like HARDENSTEIN, BALCH, or WEISECKER, however, suggest German origin. A German homeopath of a subsequent generation coming to California was P.G. DENNINGER who was born in Berlin in 1848. He came to America with his parents who settled in Wisconsin in 1862. He attended the 'Northwestern University' at Watertown, entered the 'Hahnemann Medical College' at Cleveland, Ohio in 1869, and later graduated from the 'Hahnemann Medical College of Chicago'. He practised in Faribault in

Minnesota for ten years, where for some time he was the physician to the state institutions for the deaf, dumb and blind. In 1889 he returned to Berlin and pursued his special studies under the guidance of HIRSCHBERG and other eminent specialists. He came to San José in 1890 and established a successful practice for diseases of the eye, ear and throat.⁶⁵

Common features of early Californian German homeopaths

It is difficult to find specific career patterns typical of all early German homeopaths in California. The only common denominator of the Forty-Niners, however, was the Gold Rush. In the early years almost every physician – whether regular or homeopathic – went first to the mines to dig for gold, practising medicine on the side. It is known that some of San Francisco's German doctors, such as the early regular physician VON LEHR, left their country for political reasons, especially those involved in the Burschenschaften of Jena or Gießen. After 1848, however, emigration to America was often due to the failure of the German revolution, with no prospect of future reforms. Probably, for many Germans their emigration to America meant leaving a certain identity. In contrast to the German-speaking colonies in Pennsylvania only six per cent of San Francisco's doctors were Germans yet in 1853 there were 5,500 German-speaking people in the city.⁶⁶

In the east of the country homeopaths established themselves mainly in the affluent areas of urban centres. Most California homeopaths, having returned from the hills of gold to resettle, concentrated in San Francisco and | [145] the surrounding cities. However, in California, its unique history can also explain this fact.⁶⁷ After the

Spanish and Mexican period (at the beginning of the American period) the Gold Rush created two distinctly different parts of California. On the one hand, a thinly populated cattle frontier, dominated by large ranches, extended south from Monterey to the Mexican border. On the other hand, drowsy adobe pueblo villages north of Monterey were being transformed into sprawling cosmopolitan cities due to the influx of immigration into Northern California. In 1852 the population of the state was estimated to be 260,000, while the total population of the six southern counties was less than 8,000. In the same year San Francisco had nearly 40,000 inhabitants, while Los Angeles, the largest pueblo town in Southern California, had only 1,600.⁶⁸

Some early homeopaths came to California because of its mild climate, hoping for an improvement either in their own health or that of a member of their family. California's peculiarities, as distinguished from the eastern states, are the warmer winters, the cooler summers, especially at night, the less frequent (as well as less extreme) temperature changes, the more limited rainfall confined almost entirely to the winter and spring months, the dryer atmosphere, the fewer overcast days, and its less stormy winds.⁶⁹

Only a few California-German homeopaths, however, were homeopaths before they left their native country. Most of them came either as students, and graduated from an American homeopathic college on the East Coast, or as regular physicians who, after some years of practice, became attracted to and converted to homeopathy. One common feature for conversion was the experience of a striking individual cure by a homeopath of a relative, a patient, or of the doctor himself. Furthermore, homeopathic treatment led to better results in treating epidemics than

the heroic bleedings, purgings and leechings applied by regular physicians. In addition, homeopathy seemed to rest on both sound principles and rational theory. Contrary to the modern use of the term “scientific”, in the middle of the nineteenth century homeopathy claimed to have a scientific basis for therapeutics which regular medicine was supposedly lacking.⁷⁰ The medical market of America’s Jacksonian democracy was much more open than that in Germany. It was much easier to found new medical schools, societies, hospitals, etc. This may have attracted liberal and unconventional Germans and facilitated their becoming a homeopath.

Living conditions of early Californian homeopaths

[[146] When BENJAMIN OBER arrived in the State of Gold, there was only limited need for homeopathic treatment. Most of his work consisted of surgery – mining accidents, stabbings, hangings, shooting, etc. The life of a miner was much the same as that of a soldier on active duty: hard work, bad food, high mortality, and little pay. In addition, in the womanless camps, recreation and amusement meant three things: cards, drinking, and quarrelling. Whiskey was always available, although expensive, but food of any nutritional value was difficult to obtain. The diet of miners consisted of beans, flour, molasses, and coffee, often obtained at astronomical prices, as well as of meat from the animals they occasionally hunted. During the summer many people suffered from sunstroke and “fever’n ague”, i.e. malaria, which was common throughout central California. Rains flooded the lowlands, bursting the rivers, causing much misery to the men in the camps during the dreadful winters of 1849 and 1850. Nutritional deficiencies led to pneumonia, dysentery, scurvy, consumption, etc., followed

by cholera and yellow fever. OBER, however, using his homeopathic remedies and diet lists, was able to help many of his patients.

In the 1850s, gold dust and gold nuggets were the recognised legal tender. When JOHN N . ECKEL received a patient in his office to have an abscess opened, to sew a cut, or to probe for a superficial bullet, he charged in 1853 one ounce of gold dust, or \$ 16. Depending upon the length and complexity of additional advice, he added between \$ 50 and \$ 100. For regular visits he received two ounces of gold dust, or \$ 32 and for any night visit as a consultant \$ 100. In comparison as an example, eggs were \$ 18 a dozen and coffee \$ 40 a pound. The doctor's expenses were heavy as drugs and instruments in San Francisco were said to be worth their weight in gold as everything came around the Horn or over the Isthmus, and there were many more saleable things than drugs for enterprising firms to transport. The holding of a complete stock of drugs for western pharmacies in the middle of the nineteenth century was a major task and, anyway, homeopaths did their own dispensing. The early sixties saw no advances in homeopathy mainly because the Civil War (1861-64) consumed most physical and intellectual attention and doctors went to war and not to California. However, after the 'Union Pacific Railroad' was completed in 1869, homeopathy began to flourish on the West Coast. With the increase of homeopathic physicians, however, troubles began to multiply. Homeopaths began to have serious intramural squabbles, a perfect parallel to the difficulties just then agitating the local regular groups (quarrels between LANE, TOLAND, COLE, and GIBBONS, etc.). [[147] The major issue was the homeopaths' fight among themselves over the formation of their state society.⁷¹

Early homeopathic organisations in the American West

The organisation of California's regular physicians took place two decades prior to that of the homeopaths. Medical leaders of the 1850s, attempting to duplicate in California the professional patterns of the eastern and southern states, succeeded in forming local societies of doctors in five of the pioneer communities. In 1858 California had eight medical societies, local and state-wide. All of these, however, disappeared within a period of twelve erratic years. Writing an editorial in January, 1865 HENRY GIBBONS complained that there was not a Single medical society in California, nor, as far as he knew, in the other two West Coast states, Oregon and Nevada.⁷² One of the main forces disrupting these early medical groups was the initial admittance of "quacks", resulting in "quack hunting" by the society in later years which created animosities and a decline in membership. A second force was the uncertain economic conditions of the country which caused people to migrate in search of work. Furthermore, during this peak of decline, the Civil War was being fought and polemics were playing a distressing role. The new rail connection at the end of the 1860s not only brought increased economic security to the profession but also a sense of physical and mental nearness to the older educational centres. Reorganisation began in 1868 with the creation of the 'San Francisco County Society' whose most important object was - besides the advancement of science and the promotion of the regular profession - the separation of regular from irregular practitioners in accordance with the 'Code of Ethics' adopted by the 'American Medical Association' in 1847.⁷³

In 1869 the 'San Francisco Society of German Physicians' was formed and became a constituent unit of the 'State Society' in 1870. Its small membership was German, largely German-Jewish, although other nationalities were admitted. This latter feature distinguished it from the 'German Pathological Society', whose claims for recognition by the 'State Society' were rejected as it admitted no non-Germans. The original desire of this society of German Physicians was to create a group of well educated and honourable graduates who, in the estimation of their German fellow citizens, would rank above the level of German "quacks". The society finally succumbed after thirty-seven years of usefulness and good banqueting, as it was unable to overcome the dislocation of its members following the earthquake and fire of 1906 and the inevitable loss of assimilation. Many [[148] new county societies came into existence in the 1870s and the 'State Society' was reorganised that year. However, much impetus was provided by the general growth of the state and by the convening of the 'American Medical Association' at San Francisco in 1871.⁷⁴

Initially, the homeopaths' communal and social affiliations were fully equal to those of their regular competitors but because of renewed rumours of a medical practice law in the early 1870s it became urgent for them to organise a state society from which a board of examiners could be elected. Hence, in 1871 the 'California State Medical Society of Homeopathic Practitioners' was formed in San Francisco. As with other early California medical organisations it included members who used many different methods in an eclectic way. The society seemed to drift apart in 1874, so a second state organisation, the 'Pacific Homeopathic Medical Society of the State of California', was formed. Those who had led the first society formed its

board with JAMES M. SELFRIDGE as its elected president.⁷⁵ A third group, the 'California State Homeopathic Medical Society', was organised in 1877, to reconcile disagreements between the elder eclectic and the younger stricter society. Eventually, the state formally recognised this third organisation within its amended 'Medical Practice Act' of 1878 permitting it to have its own board of examiners. It continued to grow and by 1885 had enrolled fiftysix members from approximately 200 homeopathic practitioners in California.⁷⁶

In the Mexican Period a medical practice law was promulgated by Governor MICHELTORNA in 1844, but at that time no one paid much attention to doctors. The first attempt towards state-wide legislation was made during the formative period of the medical societies in 1856 with the introduction of 'An Act to Regulate the Practice of Medicine, Surgery and Midwifery', but it was postponed indefinitely. In 1876 the 'Medical Practice Act' was passed and approved as an anti-quackery measure designed "to dash the hydra-headed quackery to earth", whilst in 1878 the law was amended to include the newly created 'Homeopathic Board' after the previous squabblings among homeopathic societies.⁷⁷ Contrary to the 'State Medical Practice Act' of 1876, where "each state medical society incorporated, and in active existence" was allowed to "appoint annually a board of examiners", the amendment of 1878 restricted this privilege to three organisations: the 'Medical Society of the State of California', the 'Eclectic Medical Society of the State of California', and the 'California State Homeopathic Medical Society'.⁷⁸

In the late 1880s in San Francisco the proportion of population to each regular practitioner was about 750, to each legal practitioner about 600, [[149] and to each

person reported practising about 550.⁷⁹ San Francisco encompassed a quarter of the state's population and about a third of its registered physicians whilst of the total Californian physicians in 1876 only one-sixteenth were homeopaths and one-twentieth were eclectics.⁸⁰

Early homeopathic hospitals in the American West

The first places of refuge for the sick from 1849 to 1851 were tent hospitals followed later by the private hospitals at a daily contract rent, the 'State Marine Hospital', and the hospitals of the French and German benevolent societies. By 1874 there were twenty-four county hospitals. San Francisco, the metropolis of the West Coast, was to experience the most extensive development of permanent hospitals.

The 'Hospital of the German Benevolent Society' was established in 1855. The society resulted from a desire to alleviate the sufferings of the German-speaking people, which numbered 5,500 in 1853, and also to supply certain cultural and nationalistic needs. The society prospered from monthly dues, various donations, entertainment and hospital profits. At first, hospitalisation was arranged in the private establishment of the society's most prominent doctor, JACOB REGENSBURGER. In 1858, the first German hospital opened its doors. Leading non-German physicians were added to the staff during the 1870s and some of the best medical work and best hospital construction in the city had been witnessed at this hospital. Gradually, its original strong German nationalism was lost and at the time of World War I its name changed to the 'Franklin Hospital'.⁸¹

The first homeopathic hospital in the state was founded in 1854 by FREDERICK HILLER, and was called the 'Nevada

City Hospital' but the building was damaged by fire in 1862 and the hospital was not reopened. The 'San Francisco Surgical and Gynaecological Institute' was then founded and run by the members of the 'San Francisco County Society of Homeopathic Practitioners', but existed only for a short span of time. The 'Southern California State Asylum for Insane and Inebriates' in Patton near Redlands was opened under homeopathic supervision in 1893. The 'Fabiola Hospital' in Oakland had its origin in the 'Oakland Homeopathic Hospital and Dispensary Association', founded in 1877 through the philanthropic efforts of Mrs. R.W. KIRKHAM, who had been frequently mentioned as the "Fabiola of Oakland". The hospital and dispensary were maintained at various sites until the erection of a permanent building in 1888, the name having been changed to 'Fabiola Hospital' in 1886.⁸² The 'Oakland Homeopathic Hospital and Dispensary' was the first hospital - regular or homeopathic - in the East [150] Bay of San Francisco and was founded by eighteen women. When it became the 'Fabiola Hospital', the new by-laws stipulated that the management of the hospital must only reside in a woman's hand. The by-laws stated also that there must always be women physicians as staff doctors. This hospital provided free as well as reduced-rate care for fifty-six years but during the Great Depression it was forced to close and the land was sold to 'Merritt Hospital'. On the day the 'Fabiola Hospital' closed, the 'Oakland Tribune' headline eulogised, "Fabiola Ends Experiment in 'Feminism'".⁸³ In 1896 JAMES and FLORENCE WARD opened the 'Homeopathic Sanatorium', where physicians of the homeopathic school were welcome to send patients for personal supervision and treatment. It was equipped with "the latest surgical apparatus from Europe", and its obstetrical room included "a Parisian incubator".⁸⁴

Early homeopathic journals in the American West

Newspapers were the sole carriers of medical news in the pioneering days. Regular physicians started their journals two decades earlier than the homeopaths. The 'San Francisco Medical Journal', the first in California, appeared in 1856 but ended with the first issue. However, the long line of attacks in local medical periodicals against "quackery" had its beginnings in this editorial. The 'Pacific Medical & Surgical Journal', first published in 1858, absorbed the 'San Francisco Medical Press' in 1865, merged with its rival, the 'Western Lancet' in 1884 and continued until 1917. The first issue of the 'San Francisco Medical Press' was in 1860 as the official organ of COOPER's new school and was edited from 1862 by LANE. The 'Western Lancet' appeared in 1872 and became the outlet for the 'Toland School'. The neutral 'California Medical Gazette', started in 1868, lasted only two years, although it might be considered as the foremost journal of its day. It gave attention to the much-discussed germ theory as well as to LISTER's paper on antisepsis. However, it was obviously not the time for medical or political neutrality. The ideas on infection were speculative and inadequate and the essentially medical papers seem very confused though surgery was well covered. An international outlook was attained by reprinting translations, whenever necessary, of the writings of the great teachers. First the English and French influences prevailed, then later the German. Editorials covered medical politics, epidemics, and "quackery" which had a considerable influence on public opinion and were frequently quoted by the public press.⁸⁵

The first periodical issued in California devoted exclusively to homeopathy was the 'California

Homoeopathic Times'. It was an attempt to [[151] unite the profession, but since it did not gain the needed support, it was discontinued after three issues (1877-78).

Nevertheless, it contained interesting accounts of early society meetings and the actions of the pioneers of the period.⁸⁶ The main homeopathic journal on the West Coast, however, was 'The California Homeopath'. It started in 1882 in connection with the founding of the homeopathic college and was edited bi-monthly by WILLIAM BOERICKE, who was followed by WILLIS A. DEWEY in 1888 and by C.L. TISDALE in 1891. In 1893 its title was changed to 'Pacific Coast Journal of Homeopathy', under the new editor HUGO R. ARNDT who again was succeeded by WILLIAM BOERICKE in 1910.⁸⁷ It was the "official organ of the State medical societies (homoeopathic) of California, Oregon, Washington, and of the 'Southern California Homoeopathic Medical Society'". From 1941 to 1973 it was edited by A. DWIGHT SMITH under the name of 'The Pacific Coast Homeopathic Bulletin', and in 1974 it was renamed 'Homeotherapy' and edited by ALAN NAUDÉ. In 1980 it was taken over by the editor ROBERT SCHORE, but ended publication in 1984, after an existence of over a century. Under the editorship of WILLIAM BOERICKE this journal always enjoyed good links to German contemporary medicine and homeopathy. This tradition continued until the 1930s when, under the heading 'Abstracts from Current German Literature', German medical books and articles – regular and homeopathic – were reviewed and discussed. In 1940, however, the editor CHARLES C. BOERICKE (son of WILLIAM BOERICKE) found that readers no longer retained interest in a journal of that size and quality.⁸⁸

The fact that homeopaths were always limited to their own journals and could hardly ever succeed in publishing articles in the regular medical press, sheds light on their

political weakness. Lacking, or avoiding, direct and serious discussion of their therapeutic concepts, the regular physicians held distorted ideas about homeopathy. The reverse reproach obviously seems to be less justified because any licensed homeopath had to be a graduate of a medical school, thus having had to study the same scientific majors as his or her regular colleague.

Jewish origins of Californian German homeopaths

Names like KAFKA, LILIENTHAL, etc. suggest that there might have been a considerable number of Jews among the early German homeopaths in California – in particular because Jews are found frequently in social niches. In addition, although Jews never constituted more than eight per cent of San Francisco's population, San Francisco was not only the western Jewish metropolis *par excellence* in the third quarter of the nineteenth century, but ^{[[152]]} it stood second only – even if a distant second – to New York City in the size of its Jewish population.⁸⁹ In fact, among the first Jews that came to San Francisco in 1848 with the Gold Rush, there were Germans from Prussia, Hannover, and Bavaria, such as AUGUST HELBING from Munich, who, together with thirteen other German Jews, founded the 'Eureka Benevolent Association' in 1850.⁹⁰ Unfortunately, there are no sources demonstrating Jewish descendency of early German homeopaths in the American West⁹¹ – with the exception of the prominent LILIENTHAL family.

SAMUEL LILIENTHAL (1815–1891) and his son JAMES E. LILIENTHAL (1844–1895) were homeopathic physicians in San Francisco.⁹² When SAMUEL died, detailed obituaries appeared in more than thirty Journals, both in the daily press and in most homeopathic Journals, including the

German 'Allgemeine Homöopathische Zeitung'.⁹³ The genealogy of the family has been traced as far back as 1529 to the court banker (Münzlieferant) LOEW SELIGMANN, who lived in the Schnaittach-Hüttenbach Valley near Nuremberg (Germany). When Jews were permitted to have second names, a descendant of the same name registered his surname as LILIENTHAL in 1814.⁹⁴ The following year his son, SAMUEL LILIENTHAL, was born in Munich. In 1838 Samuel graduated from the University of Munich where he had studied under DÖLLINGER, RINGSEIS, BRESLAU, and others, and served a year of internship in the 'Municipal Hospital' of Munich. His father and prospective father-in-law encouraged him to begin the practice of medicine in the new Republic of the United States, where his sound training would be exceptional. After receiving the promise of CAROLINE NETTRE to follow him as soon as he was established, SAMUEL LILIENTHAL emigrated to America in 1840. Since he knew no English, he probably entered the country at Philadelphia in a German-speaking community in "Pennsylvania Dutch" territory. Although he had contact with WESSELHOEFT and with the new practice of homeopathy, he continued to practise according to the regular school's doctrines after moving to Lancaster, Pennsylvania.⁹⁵ When ill health forced LILIENTHAL to move south, he chose Savannah River, another German community in South Carolina, where he married CAROLINE in 1843 but, because of his wife's ill health, they settled in Lockport, New York in 1847.

There he became converted to homeopathy when he was impressed by the unexpected success of a homeopathic physician in a desperate case of scarlet fever. In 1850 the family moved to Haverstraw, New York, and in 1857 to New York City. Mainly through the influence of the late CONSTANTIN HERING, he became the associate editor of the

‘North American Journal of Homoeopathy’, becoming sole editor from 1871 until 1885. He was also a contributor to the ‘Chicago Investigator’, ‘Detroit Observer’ and of almost every [[153] other homeopathic journal in the country. He translated German, French, Spanish, and Italian articles as well as the fifth edition of HAHNEMANN’S ‘Organon’. A few years after the opening of the ‘New York Homeopathic Medical College’, he was appointed to the ‘Chair of Clinical Medicine and Diseases of the Nervous System’, which he held until his departure to San Francisco in 1886. He was a visiting physician to ‘Ward’s Island Homeopathic Hospital’, and ‘Professor of Clinical Medicine’ in the ‘New York College for Women’. SAMUEL LILIENTHAL was one of the first to favour the admission of women into medical colleges and into the profession and he considered his work in the women’s college as one of the most pleasant duties of his life.⁹⁶ After his arrival in San Francisco SAMUEL LILIENTHAL retired from practice but continued his literary work.⁹⁷ In 1888 the ‘University of Munich’ honoured him by sending him a fifty-year diploma, which is considered to be a great distinction and given only in instances of most honourable practice. From 1887 until 1889 he was ‘Professor of Nervous Diseases, and Lecturer upon the Organon’ at the ‘Hahnemann Medical College’. His son, JAMES E. LILIENTHAL, had a large private practice and was a consulting physician for the ‘San Francisco Nursery for Homeless Children’. He had organised also a free dispensary for the poor on Mission Street.⁹⁸ He was ‘Professor of Materia Medica and Therapeutics’ at the ‘Hahnemann Hospital College’ in 1888 and 1889, and ‘Professor of Paedology’ from 1894 until 1895 when he died at the age of fifty.⁹⁹

Women homeopaths in the American West

American women constituted approximately two-thirds of homeopathy's patients and patrons and were among its most active propagators.¹⁰⁰ During the first years of the Gold Rush, however, it was too early to expect many female doctors. In 1849 LYDIA FOLGER FOWLER (1822-1879) and ELIZABETH BLACKWELL (1821-1910) had just graduated as the first women in the country from a medical college at Geneva, New York, and in 1850 the world's first medical school for women was established, the 'Woman's Medical College of Pennsylvania'.¹⁰¹ Yet, Western pioneer women exhibited considerable courage and independence.¹⁰²

In California in the 1850s advertisements by women doctors in the daily press were rarities. Nevertheless, a few, probably non-graduates, could be found in San Francisco and Sacramento. The first woman graduate in medicine came to California in 1857. She was the German-born ELIZER PFEIFER STONE (1819-1880), who came from New York to Nevada City moving to San Francisco in 1863 becoming the city's first graduated woman [[154] doctor. Professional prejudice against women in medicine was strong in California and the 'San Francisco County Society' and the two existing colleges denied them admission. After a long struggle this situation ended with the 'Medical Practice Act' of 1876, which contained no female disability clause. In the same year the 'American Medical Association' admitted its first woman delegate, which was five years after the 'American Institute of Homeopathy' had started to admit women (1871).¹⁰³ The entry of women into local medical colleges followed when the 'University of California' took over 'Toland School' in 1873, and the latter became automatically coeducational. In 1876 LUCY MARIA FIELD WANZER received her diploma, which made her the first woman graduate of the western medical schools. Local

homeopathic schools were always originally co-educational since they were formed at a later period.¹⁰⁴

The percentage of women in the medical profession has been assessed differently in the literature. According to MARY ROTH WALSH the proportion of regular women physicians in the United States rose from 0.4 per cent in 1860 to 5.6 per cent in 1900 (national average), but in San Francisco it rose from 3.4 per cent in 1880 to 14.0 per cent in 1890 and 13.8 per cent in 1900.¹⁰⁵ HENRY HARRIS found 155 regular women physicians registered in California in 1901, “representing 4 ½ percent of that System” and 90 homeopathic women doctors, “representing 15 per cent of that System”.¹⁰⁶ GLORIA MOLDOW describes a decline of Washington’s female medical school enrolment from a high of 20 per cent of medical school students in the early 1890s to only 3 per cent by 1900.¹⁰⁷ WILLIAM ROTHSTEIN has estimated that in 1900 women made up 12 per cent of the total number of homeopaths in the United States.¹⁰⁸

The ‘City Directories of San Francisco’¹⁰⁹ and the ‘Official Register of Physicians and Surgeons’, edited by the ‘Board of Examiners of the Medical Society of the State of California’¹¹⁰ offer an opportunity to count names and numbers. In the ‘City Directories’ the number of physicians was steadily rising from 392 in 1873 to 689 in 1900. From 1880 female physicians were listed separately, their number stood at first at about forty until 1890, when it started to climb up to 110 in 1900. The number of homeopathic physicians, however, gradually decreased from twenty-six in 1875 to nine in 1900 (with a Single peak in 1896). Thus, the percentage of female regular physicians rose from about 7 per cent in the 1880s to about 16 per cent in 1900, while the percentage of homeopathic physicians declined from about 6 per cent in the 1870s and

about 4 per cent in the 1880s to 1.3 per cent in 1900 (with a single peak in 1896). The women's proportion of homeopaths fluctuated between approximately 5 and 15 per cent during the whole period. The small numbers available, as each entry in the directory was the responsibility of the physician concerned and, thus, far from being complete, may give a trend but its reliability cannot be guaranteed. In the Board of Examiners' 'Catalog of Physicians and Surgeons', however, all licensed practitioners of California were recorded and from 1880 homeopathic physicians were listed separately. Unfortunately, male and female doctors are listed together and the vast majority of entries use only the initials of the homeopaths' first names. However, if it is assumed that most, though not all, of the women's first names were given, some rough estimates may be made. The total number of homeopaths in California rose steadily from 144 in 1881 to 670 in 1899; the number of female Californian homeopaths from 21 in 1881 to 124 in 1899. The percentage of women per homeopath in California thus remained more or less stable, rising from 15 to 18 per cent. In the city and county of San Francisco, however, the number of homeopaths rose from forty-eight in 1887 to 104 in 1899 and the number of female homeopaths from four in 1887 to twenty-five in 1899. Thus, the proportion of women homeopaths in San Francisco tripled from 8 to 24 percent. It appears, therefore, that women homeopaths were attracted to urban centres more than their male colleagues as suggested by KRISTIN M. MITCHELL that a major part of nineteenth-century women who chose homeopathy were actively involved in social reform, supporting suffrage, temperance, abolition, etc.¹¹¹ Certainly, the metropolis of the American West offered more intellectual, political, and

cultural opportunities than the ranches of Southern California.

San Francisco's most prominent woman homeopath was FLORENCE WARD. She was born in the city as FLORENCE NIGHTINGALE FERGUSON in 1860 and in 1882 married "a shadowy individual with an excellent name, GURDON WINTHROP SALTONSTALL".¹¹² They moved to Toledo, Ohio, where her first daughter was born in 1883. Dissatisfied with her husband, she returned to San Francisco by 1884 where she matriculated at the newly-opened 'Hahnemann Medical College'. She graduated in 1887, went to the 'New York Polyclinic' for postgraduate work, and acted as 'Clinical Assistant to Diseases of Women' at her *alma mater* in 1889. In 1892 she studied surgery in Germany, Austria and France and in 1893 and 1894 she was 'Associate Professor of Medical and Surgical Diseases of Women' at 'Hahnemann Medical College' where JAMES W. WARD (1861–1939) was Professor in the same subject. They married in 1895, went to Europe for further studies, and returned in 1897 as 'Professor of Obstetrics and Professor of Medical and Surgical Diseases of Women' respectively.¹¹³ Both resumed practice, although FLORENCE took time off to have three children. Shortly before the earthquake in 1906 they separated and FLORENCE once again went to Europe. In 1911 she [[156] established and operated her own fifty-bed 'Sanatorium' in San Francisco – the 'Florence Ward Sanatorium' – and in 1915 she was the first woman elected to become a 'Fellow of the American College of Surgeons'. She died at the age of fifty-nine in 1919.

Undoubtedly, FLORENCE WARD was an extraordinary woman.¹¹⁴ However, there is little, if any, evidence that her medical practice was decidedly homeopathic for most of her publications dealt exclusively with surgical treatment of gynaecological problems. Although the articles appeared

in homeopathic journals, they could have originated from any regular physician for no drugs or homeopathic remedies are mentioned, and no favourable support for homeopathy is given.¹¹⁵ Possibly, she was interested primarily in a career as a surgeon rather than in becoming an adherent of any specific school. Her human qualities and postgraduate training with German and other European specialists probably were objectively convincing. Thus, in 1906 the homeopaths might even have been proud to make her 'Vice-President' of the 'State Homeopathic Medical Society' and of the 'American Institute of Homeopathy' – although no woman had yet been elevated to the presidency of the state societies.

German homeopaths and the pharmaceutical industry

The emergence of an economically and politically powerful drug industry during the nineteenth century played a crucial role in the spread of regular medicine.¹¹⁶ In homeopathy this factor might have been somewhat less important, since the amount of medicines needed by a “true follower of HAHNEMANN” is relatively small. Once a Hahnemannian practitioner has bought a set of some hundred remedies, in the form of vials filled with tiny pellets of high potencies, and administers just one pellet at a time to a patient, the major part of this original set may suffice for the doctor's entire life. For low-potency prescribers and for laymen, however, a ready availability of specific preparations of medicines was a basic requirement for an increase of homeopathy's acceptance by doctors as well as by the public.

It was San Francisco's most famous German homeopath who had the closest links to the most important

homeopathic pharmaceutical company in the country. WILLIAM BOERICKE (1849–1929) was born in Bohemia and was the nephew of FRANZ EDMUND BOERICKE (1826–1901), a native of Saxony who emigrated to Philadelphia after the German revolution of 1848. In co-operation with RUDOLPH L. and ADOLPH J. TAFEL he founded the pharmaceutical Company 'Boericke & Tafel' in 1853 and 1869 respectively. [[157] WILLIAM BOERICKE came to America shortly after his birth, about the same time as his uncles FRANZ EDMUND and ANTON as well as his father FRANZ OSKAR BOERICKE. In 1870 he went to San Francisco to manage the western branch of 'Boericke & Tafel'.¹¹⁷ Later he returned to Philadelphia to study medicine at 'Hahnemann Medical College' and graduated in 1880.¹¹⁸ Then he moved to San Francisco, where he practised homeopathy for almost fifty years. He was the founder and director of various homeopathic organisations and societies and the founder and editor of 'The California Homoeopath' (1882–1892) and the 'Pacific Coast Homoeopathic Journal' (1893–1940). He also was one of the founders of the 'Hahnemann Medical College of San Francisco' and served as 'Professor of Materia Medica and Therapeutics' and 'Professor of Institutes of Homoeopathy and the Organon'.¹¹⁹ When 'Hahnemann Medical College' merged with the 'University of California, Medical School' in 1916, he was appointed 'Professor of Materia Medica'.¹²⁰ In addition, he was a prolific author of books and articles on homeopathy, always keeping himself informed about developments in Europe because of good relations with German homeopaths.¹²¹ His major work is the 'Pocket Manual of Homoeopathic Materia Medica', first published in 1901, which remains a standard text book in homeopathy.¹²²

German homeopaths and the Swedenborgian Church

The fact that WILLIAM BOERICKE had named one of his sons after GARTH WILKINSON sheds light on another issue in the history of homeopathy. GARTH WILKINSON (1812-1899), an English physician, had translated spiritual scientific works of EMANUEL SWEDENBORG (1688-1772) in the 1840s before he became a homeopath. His translations were distributed with the help of HENRY JAMES, Sr. to the homeopathic and Swedenborgian Community of the United States. Thus, a considerable number of American homeopaths – such as HANS GRAM, WILLIAM WESSELHOEFT, CONSTANTIN HERING, CHARLES HEMPEL, HENRY HOLCOMBE, ERNST ALBERT FARRINGTON, and JAMES TYLER KENT – became Swedenborgians. Conversion happened in both directions: some first adopted Swedenborgianism and then embraced homeopathy, some had already been homeopaths when they became Swedenborgians. There is a striking parallelism between the writings of SWEDENBORG, a unique combination of an eighteenth-century mystic and scientist, and the opinions of HAHNEMANN at an advanced age. Principles of universal correspondence, potentisation, vitalism, spiritualism, the theory of chronic diseases, the divine inspiration of the homeopathic law, etc. had a similar counterpart in the respective doctrines. Especially KENT (1849-1916) had combined both systems and thereby created a distinct school of American homeopathy.¹²³

The major book-seller of Swedenborgian literature in the United States, however, was also 'Boericke & Tafel'. The history of the company began with a small business in Philadelphia that specialised in the sale of literature of the 'Church of the New Jerusalem' in 1853 and it was only on

the suggestion of CONSTANTIN HERING that it began to manufacture and to sell homeopathic remedies.¹²⁴ Ultimately, the company became also America's most important publisher of homeopathic books. When the 'Swedenborgian Convention' took up the publication and sale of English New Church works, BOERICKE gave up his New Church bookstore, but still maintained the importation of German New Church books.¹²⁵ As suggested by the names of Swedenborgian homeopaths, most of them were probably of German origin. Presumably, a notorious German inclination to metaphysics may have played a role. Furthermore, the entire BOERICKE family were proponents of the doctrines of Swedenborg.¹²⁶ Both homeopathy and Swedenborgianism began losing influence in the early-twentieth Century, a trend that has continued until just recently when the interest in both fields has simultaneously reawakened all over the country.¹²⁷

San Francisco's homeopaths and Public Health

California homeopaths and public health institutions were at times in conflict with each other, while at other times they co-operated. Early health measures were considered in San Francisco in 1849, when a "legislative assembly" was selected and the first health officials elected. From 1850 to 1855 the city ran the 'State Marine Hospital', the first of California's authorised and funded public buildings. Of greatest importance was the creation of the 'State Board of Health' in 1870. During the early years physicians appointed by the Governor were all regular medical doctors. However, in 1880, the appointment of a homeopath, CHARLES W. BREYFOGLE, caused friction. The feeling prevailed that there were too many Democrats on the Board and that although BREYFOGLE was a Republican

doctor two Republican state senators had opposed his admission but had been outvoted. Their argument was that homeopaths were always squabbling among themselves and that they did nothing for public health.¹²⁸

In 1888, when the 'Hahnemann Hospital College of San Francisco' moved its first small hospital to Page Street, antagonism arose in the vicinity and the hospital was declared to be a nuisance. This led to the arrest and imprisonment of its superintendent, JAMES W. WARD. The arrest was based on an ordinance, which the supervisors of the city and county of San Francisco [[159] had enacted to prohibit the establishment or maintenance of hospitals within a certain distance of the City Hall. Insisting upon *habeas corpus* proceedings, WARD took the suit to the Supreme Court. Through the counsel of a prominent attorney the ordinance was found invalid and the proceedings were dismissed.¹²⁹ The hospital, however, was closed. In 1892 the 'Hahnemann Hospital College' presented a petition to the 'Board of Health' for a ward in the 'City and County Hospital', but to no avail. In 1895 a new Governor showed leanings toward homeopathy and he was asked to nominate a homeopathic representative of the 'Board of Health', but it was declined out of fear of "disagreements in the board". A new charter for the city of San Francisco was being drawn up for the forthcoming election. Among the freeholders elected to create the charter were three outspoken friends of homeopathy - all patients of JAMES W. WARD, who determined that changes in the charter should not depart from the principles of "liberal" medicine. This laid the foundation for the subsequent prosperity of homeopathy in municipal recognition. The elected mayor of San Francisco, a friend of homeopathy, appointed JAMES W. WARD as a health

commissioner in 1901 to represent the homeopathic school for a term of four (or six) years.¹³⁰

In 1903, through absolute control of the 'Department of Health of the City and County of San Francisco' and by the election of WARD, president of the commission, the homeopaths succeeded in assigning just representation of their school in the various departments. Accordingly, in 1904 the 'Hahnemann Medical College of the Pacific' was assigned two wards in the 'City and County Hospital'. This included various branches of public service under the control of the 'Board of Health', including the emergency service, the alms house, and care of the public schools. WARD acted with merit during the plague epidemics in the city.¹³¹ San Francisco had experienced two plague epidemics, 1900-1904 and 1907-1908.¹³² As president of the 'Board of Health', in 1904 WARD dealt with the cleaning up of Chinatown by means of using a portable steriliser and compelling property owners to make their basements and cellars rat-proof. He had equipped also the homeopathic ward of the 'City and County Hospital' with bacteriological instruments, thus showing his acceptance of bacteriology.¹³³

According to the annual 'Municipal Reports' the number of San Francisco's hospitalised patients rose from 861 in 1860 to 3,918 in 1875 and then remained between 3,000 and 3,500 until the end of the century. Moderate peaks in the 1870s and 1890s may be consistent with epidemics of cholera, typhoid, malaria, etc. The increase in the early 1870s may correspond to increases of both the population and the availability of hospitals. The statistics for foreign patients show that the percentage slightly decreased from 68 per cent in 1860 to 61 per cent in 1897. The percentage of German patients, however, was around 6

per cent in the 1860s, rose to 10 per cent in 1870, and then only gradually declined to 9 per cent by the end of the century.¹³⁴ Possibly, the unification of the German Empire in 1870 affected the statistics.

The Homeopathic College of San Francisco

More than two decades before Californian homeopaths considered founding a medical college, regular professional leaders had begun to establish their schools on the West Coast, on the pattern of their homeland institutions. In 1858 ELIAS SAMUEL COOPER organised the first medical school in San Francisco, the 'Medical Department of the University of the Pacific'. After his death in 1862 its faculty "suspended" its function and became associated with HUBERT H. TOLAND, who established the private 'Toland Medical College' in 1864. In 1873, it affiliated with the university to become the 'Medical Department of the University of California'. In 1870 LEVI COOPER LANE opened a competing school, the 'Medical Department of the University (City) College'. Since LANE was inclined to German thoroughness and research, especially after his second trip to Berlin in 1875, his faculty consisted of more German-trained teachers than that of the 'University of California'.¹³⁵ Meanwhile, the profession at large was facing a steady increase of medical schools in the country, combined with a decrease in quality. In 1870 the 'American Medical Association' appointed a committee for medical education and in 1871, at the San Francisco meeting, decided and agreed upon a four-year course and presented a model curriculum. 'Harvard' and the 'University of Pennsylvania' had led the way, but the West did not lag behind. Towards the end of the 1870s, the TOLAND school and the reorganised school of the Pacific both followed the

proposals of the AMA. A four-year course at the 'University of California' began with matriculation in 1894.

In 1881 San Francisco's homeopaths decided to establish a college of their own. Considering the mounting costs of medical education and the small number of anticipated students, it was rather a bold, brave enterprise.¹³⁶ In 1883 JOHN N. ECKEL and WILLIAM BOERICKE were elected to the board of directors, who then appointed a committee to appeal to every homeopathic physician on the coast, and also to enlist the support of influential laymen.¹³⁷ In the same year it was decided to have a faculty consisting of professors of anatomy, chemistry, theory and practice, clinical [[161] medicine, *materia medica*, gynaecology, obstetrics, children's diseases, ophthalmology, and otology, but still no chair of pathology. Later physiology, anatomy and histology of the eye and ear, and venereal and skin diseases were included. The faculty was to serve without remuneration. In 1884 the first course of lectures was held at the 'Hahnemann Medical College of San Francisco' from June to October. In October the first students, who had previously studied at other colleges, graduated. The 'Pacific Homeopathic Dispensary' became affiliated with the college to provide clinical opportunities to the students. The number of enrolled students varied between ten and twenty-five with a mean of eighteen students per year. Approximately seven to eight graduated every year and by 1902 the number of alumni had reached 150.¹³⁸

When, in 1894, the 'American Institute of Homeopathy' decided to recommend a four year programme for all homeopathic colleges, the 'Hahnemann Hospital College of San Francisco' (the name was changed in 1887) at once inaugurated such a programme to be conducted for seven months each year. This placed them far ahead of most eastern colleges as it was the first college west of Chicago

to fall into line although it had more serious consequences than for colleges in the East. The school had enjoyed always a reputation of respectability, and was aided financially by friends. However, medical education grew more costly and when the financing of the school became troublesome, the trustees were considering its closure in 1896. In the next year a petition was presented to the regents of the 'University of California' to merge the 'Hahnemann College' with their medical department. The regular physicians, through their county societies, individual members, resolutions, influence and other means, worked to defeat the proposition. Although the petition was considered for some months by the regents, of whom several together with the Governor were favourable toward homeopathy, the proposition was defeated "for economic reasons".¹³⁹ Such defeat, however, stimulated rather than discouraged the homeopaths' efforts towards a home of their own. In 1898 a considerable amount of money was collected, in 1899 the cornerstone of the college building was laid and in 1902 a new corporation was formed as the 'Hahnemann Medical College of the Pacific'.

Meanwhile, the nation-wide movement for reform of medical education was at its height. 'Johns Hopkins University Medical School' was established in 1893 and endowed with a full-time teaching staff and laboratory facilities and, therefore, became the outstanding model for American medical education in competition with the Germans in their pioneer research work. Indeed, one of the requirements for admission was [[162] a knowledge of German. The joint efforts of the 'AMA Council on Medical Education', founded in 1905, and the 'Carnegie Foundation for the Advancement of Teaching', founded in 1906, towards the assessment of all medical colleges in the

country on the basis of the new standards were finally published in a report by ABRAHAM FLEXNER in 1910.¹⁴⁰ In that report, which had a detrimental impact especially on small medical colleges as well as those which catered to minorities, 'Hahnemann Medical College of the Pacific' achieved a fairly satisfactory rating.¹⁴¹ Nevertheless, the college merged with the 'University of California, Medical School' in 1916 and the property of the college was transferred to the university which in return established two professorships of homeopathy.¹⁴² WILLIAM BOERICKE was appointed as the first homeopath to lecture at the 'University of California'.¹⁴³

The need to merge with the university, however, was a sign of decline. Previously, the college had a teaching staff of some thirty instructors, half of them being professors. Most of the latter had either German ancestors or close relations to Germany. JOHN N. ECKEL, SAMUEL LILIENTHAL, JAMES E. LILIENTHAL, WILLIAM BOERICKE, and HUGO EMIL RUDOLPH ARNDT were German. WILLIS ALONZO DEWEY, JAMES W. WARD, and FLORENCE WARD had undertaken postgraduate medical training in Germany. JOHN N. ECKEL (1823–1901), the nestor of homeopathy on the West Coast, was on the teaching staff of 'Hahnemann Medical College' as 'Professor of Paedology' since its beginning. Thus, in 1884 he had established the first 'Chair of Pediatrics' – whether in a regular or a homeopathic school – in the American West.¹⁴⁴ HUGO EMIL RUDOLPH ARNDT (1849–1913), one of the leaders of homeopathy in California, was a graduate of the 'University of Berlin' and of the 'Cleveland Homeopathic School' in 1869. He was president of the regional 'Southern California State Society' from 1890 to 1893. At first he practised in Ann Arbor, then he moved to San Diego, later to San Francisco, where he joined the college's teaching staff in 1895. He gained fame as the author of the three-

volume 'A System of Medicine based upon the Law of Homoeopathy' (1885-1886) and 'A Practice of Medicine' (1899) and he edited the 'Pacific Coast Journal of Homeopathy'. He left California in 1910 to become the field secretary of the 'American Institute of Homeopathy' but died three years later in Cleveland.¹⁴⁵ WILLIS ALONZO DEWEY (1858-1938) graduated from the 'New York Homeopathic Medical College' in 1880, then went to Berlin, Leipzig, and Paris for postgraduate medical education. He was 'Professor of Anatomy and Materia Medica' at the 'Hahnemann Medical College of San Francisco' from 1884 to 1894, 'Professor of Materia Medica and Therapeutics' in New York (1893-1896), and on the homeopathic faculty of the 'University of [163] Michigan' (1896-1920).¹⁴⁶ His major works were 'Essentials of Homoeopathic Materia Medica' (1894) and 'Essentials of Homoeopathic Therapeutics' (1895). JAMES W. WARD (1861-1939) had graduated from the 'New York Homeopathic Medical College and Flower Hospital' in 1883. He was on the faculty of 'Hahnemann Medical College of San Francisco', as 'Professor of Physiology' from 1885 and later as 'Professor of Gynecology and Obstetrics'. Together with his wife FLORENCE WARD he went to Europe for postgraduate training in 1896. From 1899 to 1916 he was the dean of the college, and it was through his efforts that the union with the university was consummated. In 1900 he was elected president of the 'California State Homeopathic Medical Society' and in 1910 president of the 'American Institute of Homeopathy'.¹⁴⁷

Even in the twentieth century homeopathic instruction at the 'University of California, Medical School' remained dominated by Germans. OTTO E. GUTTENTAG, a German Jewish physician, was appointed 'Assistant' in 1936 and 'Associate Professor and Chair of Homeopathy' in 1940,

becoming full professor in 1962 when the title was changed to the 'Samuel Hahnemann Professor of Medical Philosophy'. He retired in 1967 but remained affiliated to his department, keeping his salary and office at UCSF until 1990, two years before he died at the age of ninety-two. The last German physician to teach homeopathy at UCSF was FREDERIC W. SCHMID who, having acquired presidency of the 'Hahnemann Medical College of the Pacific' in 1982, was allowed to lecture at the university in 1983 and in 1984 when he died unexpectedly.¹⁴⁸

Conclusion

The main emphasis of this paper was placed on the history of homeopathy in the metropolis of the American West – though German connections may be found also in other counties of California and other Western states. Focusing on San Francisco during the second half of the nineteenth century, a comprehensive account of the situation in which homeopaths of those days found themselves was given. The involvement of German doctors in California's history of homeopathy was considered through social, professional, educational, institutional, economic, and other perspectives as well as through critical issues, such as gender, religion, and politics. As a result, during this whole period Germans appeared to be highly influential, whether in establishing societies, colleges, companies, hospitals, etc. or in propagating their conviction through teaching, writing, and practising. However, German influence was not limited to homeopathy as [[164] the American regular school of medicine had begun to adopt much of the model of German science and institutions which was evolving by the turn of the century.

[Note]

[[164] * This paper is mainly based on a field study conducted at San Francisco in 1991/92 which was funded by the 'German Research Foundation' ('Deutsche Forschungsgemeinschaft', DFG). Some new perspectives of the topic were suggested by participants at the conference 'Culture, Knowledge, and Healing' at UCSF in 1994 after presenting a provisional version of this paper.

Does a homeopathic ultramolecular dilution of Thyroidinum 30cH affect the rate of body weight reduction in fasting patients?

A randomised placebo-controlled double-blind clinical trial

[With Benno Ostermayr]

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[Abstract]

[[197] Objective: To test whether an ultramolecular dilution of homeopathic *Thyroidinum* has an effect over *placebo* on weight reduction of fasting patients in so-called "fasting crisis".

Design: Randomised, *placebo*-controlled, double-blind, parallel group, monocentre study.

Setting/location: Hospital for internal and complementary medicine in Munich, Germany.

Subjects: Two hundred and eight fasting patients encountering a stagnation or increase of weight after a weight reduction of at least 100 g/day in the preceding 3 days. Intervention: One oral dose of *Thyroidinum* 30cH (preparation of thyroid gland) or *placebo*.

Outcome Measures: Main outcome measure was reduction of body weight 2 days after treatment. Secondary outcome measures were weight reduction on days 1 and 3, 15 complaints on days 1-3, and 34 laboratory findings on days 1-2 after treatment. Results: Weight reduction on the second day after medication in the *Thyroidinum* group was less than in the *placebo* group (mean difference 92 g, 95% confidence interval 7-176 g, P=0.034). Adjustment for baseline differences in body weight and rate of weight

reduction before medication, however, weakened the result to a nonsignificant level ($P=0.094$). There were no differences between groups in the secondary outcome measures.

Conclusions: Patients receiving *Thyroidinum* had less weight reduction on day 2 after treatment than those receiving *placebo*. Yet, since no significant differences were found in other outcomes and since adjustment for baseline differences rendered the difference for the main outcome measure non-significant, this result must be interpreted with caution. *Posthoc* evaluation of the data, however, suggests that by predefining the primary outcome measure in a different way, an augmented reduction of weight on day 1 after treatment with *Thyroidinum* may be demonstrated. Both results would be compatible with homeopathic doctrine (primary and secondary effect) as well as with findings from animal research.

Homeopathy (2002) 91, 197-206.

Keywords

Homeopathy, randomised controlled trial, Thyroidinum, fasting, weight reduction

Introduction

[[198] One of the most controversial features of homeopathy is the principle of “potentisation”. Indeed, the claim that ultramolecular dilutions of homeopathic remedies might be therapeutically effective is contrary to a basic paradigm of pharmacology that holds that without active substance no pharmacological efficacy is to be expected. Yet, a number of clinical trials seem to show some evidence for ultramolecular effects,^{149, 150} but the methodological quality of many studies is inadequate.

Recent commentators^{151, 152} have favoured broad outcome studies of homeopathy in “real world” settings over trials against *placebo*, but this approach can only demonstrate effectiveness of homeopathic practice in general, not its superiority over sham treatment within the same therapeutic setting. For investigation of the efficacy of homeopathic ultramolecular dilutions, there is still no method other than randomised controlled clinical trials based on clinical models that minimise the number of variables.

In order to bypass many difficulties of “real world” homeopathic practice such as selection of symptoms, remedy, and potency, aggravations, changing the medicine, relying on subjective data (pain, complaints), etc, we designed and conducted a controlled clinical trial of a clinical homeopathic treatment which followed good clinical practice (GCP) guidelines, measuring its effect on objective as well as subjective outcome parameters under standardised conditions. As clinical model we chose the influence of a 10^{-60} (30c) dilution of *Thyroidinum* (preparation of thyroid gland) on the rate of weight reduction of fasting patients encountering an unexpected stagnation or increase of body weight.

Fasting is known to reduce *triiodothyronine* (T3) plasma levels, mainly due to an inhibition of extrathyroidal conversion of *thyroxine* (T4) to *triiodothyronine* (T3), accompanied by a corresponding increase of biologically inactive reverse T3.^{153, 154, 155} This low-T3-state, i.e. reduction of the metabolically active thyroid hormone, is regarded as an adaptive mechanism to save energy expenditure by reducing protein and fat catabolism and thermogenesis.^{156, 157, 158} T3-treatment, on the other hand, augments reduction of body weight in fasting patients.^{159, 160, 161}

During fasting, patients usually lose weight in declining amounts ranging from about 1.0 kg/day initially to about 0.3 kg/day after 1 or 2 weeks. Despite food restriction, on some days of the fasting period a stagnation or even increase of weight, accompanied with typical psychic and somatic complaints (so-called “fasting crisis”) may occur. According to the clinical experience of doctors at our hospital, treatment with high dilutions of *Thyroidinum* was often followed by an increase in the rate of weight reduction. Considering the pathophysiological relations between fasting, thyroid hormone, and weight reduction, we decided to test whether treatment of a “fasting crisis” with *Thyroidinum* 30cH yields different objective and subjective outcomes than treatment with *placebo*.

Subjects and methods

This trial was a randomised, *placebo*-controlled, double-blind, parallel group, monocentre study conducted at the Krankenhaus für Naturheilweisen. At this Munich-based hospital with a homeopathic tradition going back to its foundation in 1883, fasting therapy is applied to a broad spectrum of diagnoses including hypertension, diabetes, osteoarthritis, bronchial asthma, migraine, etc. Treatment consists of a 160 kcal diet with unlimited mineral water and herbal teas.

During the trial, body weight of all fasting patients was checked daily under standardised conditions and supervision of attending nurses. The three human weighing machines used (type SECA 930) were identical, purchased recently, accurate to ± 100 g, compatible with EC-guideline 90/384/EWG, checked daily by the hospital staff and double checked every two months by the principal investigator. Patients being weighed wore nothing but a night-shirt provided by the hospital (the same every day), with an

empty bladder. In addition, all patients completed questionnaires on quality of life before and after fasting and reported their caloric and liquid intake, activities and complaints daily. Doctors documented history, examination, diagnoses, medication, therapies, and laboratory findings at the beginning and the end of fasting.

Of these fasting patients those who – having lost at least 100 g/day on three consecutive days (run-in period) – encountered a spontaneous stagnation or increase of body weight were reported on the same day by a nurse to the principal investigator or (on weekends) to the ward doctor to be checked for eligibility (see Figure 1). Patients in the study had blood tests on three successive days (days 0, 1, and 2), always at the same time, to screen for differences in the laboratory data. Immediately after the first blood sample was taken, study medication was administered: one dose of five pellets of *Thyroidinum* 30cH or *placebo*. Patients continued to be weighed daily and report their complaints, physical activities, caloric and liquid intake etc in structured diary-forms on each of the following 3 days (days 1–3).

Originally, the main outcome measure was prespecified to be reduction of body weight on day 1 after medication (later this was changed to day 2, see discussion).

Secondary outcome measures were determined to be the reduction of body weight on days 2–3 (later: days 1 and 3), the course of 34 laboratory data from days 0 to 1 and 2, respectively (blood count, urea, creatinine, uric acid, cholesterol, high-density lipoprotein, low-density lipoprotein, triglycerides, iron, bilirubin, total protein, electrophoresis, gamma glutamate transpeptidase, glutamate pyruvate transaminase, [[199] nase, glutamate oxalacetate transaminase, alkaline phosphatase, sodium, potassium, calcium, magnesium, glucose, *triiodothyronine*,

thyroxine, thyroid stimulating hormone, fibrinogen), and 15 complaints on days 1–3 (headache, dizziness, impaired vision, hunger, nausea, palpitation, difficulty in breathing, backache, muscle pain, circulatory disturbance, faintness, irritability, disturbed sleep, depression, sensitivity to cold), reported daily on a five-item scale. Additionally, physicians and patients were asked for a global assessment of well-being, tolerability, and effectiveness of the medication on day 3 after administration.

The target sample size was estimated on the basis of data from fasting patients of the previous year. Postulating a mean difference in weight reduction of 100 g between the groups and assuming a standard deviation of 300 g and a drop-out rate of 10 %, to achieve an alpha of 0.05 and a power of 0.8, a sample size of 300 patients was calculated. Expecting a recruitment of two patients per week, the study was scheduled for 3 years. According to the sequential plan, after 50 patients an interim analysis (for $P < 0.005$) and after 300 patients the final analysis (for $P < 0.048$) were determined.^{162, 163} A significant result of the interim analysis would have led to termination of the study. Statistical analyses were intended to be confirmatory for the primary and exploratory for the secondary outcome measures. Depending on the Normality distribution of the weight reduction either the two-tailed t-test or the Mann-Whitney U-test was to be applied (intention-to-treat). The analysis was carried out with SPSS 10.0 software and a Pentium II processor.

Assignment and blinding

The study medication was manufactured by a German pharmaceutical company specialising in homeopathy [[200] (DHU, Karlsruhe). Powder of dried thyroid gland of German pigs was triturated, diluted, and succussed in the ratio

1:100, 30 times, according to the 'German Homeopathic Pharmacopoeia' (HAB). Pellets of sucrose impregnated with the final dilution constituted the active medication. Another part of the same lot of sucrose pellets was designated as the control medication. Specimens of both sets were kept for possible later investigation.

A randomisation list was generated by means of a validated computer program in an external biometric institution (BZT, Munich), in blocks of six, stratified for males and females. Under supervision of the biometrician, an external pharmacist filled opaque, sequentially numbered containers with five pellets each – either out of the *Thyroidinum* or the *placebo* set of the study medication. Finally, the list with the code was deposited in a sealed opaque envelope in the safe of the biometric centre. The biometrician and the pharmacist, i.e. the only persons who had seen the code, signed an agreement to maintain absolute secrecy. The labelled containers were stored in the pharmacy of the hospital.

Every container removed and administered to a patient was registered stating randomisation number, date, time and name of the patient. Since nobody in the hospital knew the code or perceived any difference in appearance or taste between the study medications, blinded assignment was guaranteed. Prior to inclusion every patient signed informed consent. The protocol was approved by the ethical committee of the 'Bavarian Board of Physicians'.

Interim analysis

After 1 year "semi-deblinding" and interim analysis were carried out. 'Semi-deblinding' means that information on which individuals belong to groups A or B was revealed, but not which was the treatment and which the *placebo* group. Per-protocol analysis (n=53) showed a mean

reduction of body weight on the day after medication of 476 g (SD 351 g, n=29) in group A and 575 g (SD 251 g, n=24) in group B. Since the P-value (0.25) was not <0.005 , the study was continued. A comparison of reduction of weight on days 1, 2, and 3, however, showed that the most striking difference between groups appeared on the second rather than on the first day after medication (181 g on day 2, vs 99 g on day 1). Hence, in an amendment to the protocol the main outcome measure was changed from weight reduction on the first to weight reduction on the second day. This amendment was written down, signed and sent to the biometric centre (where it was kept in a safe). After 3 years recruitment 181 patients had been recruited compared to the estimated number of 300. To ensure that it was reasonable to stop and analyse the study at this point, a stochastic curtailment was carried out by an external statistician on the basis of the mean values and standard deviations of the weight reduction on day 2 of the semi-deblinded groups A and B. It was determined that, provided the distribution of the main outcome measure did not change, 190 patients should suffice to close the study and yet reach its aim with a probability of 0.96.¹⁶⁴

Results

Participant flow and follow-up

At the 'Krankenhaus für Naturheilweisen' 499 fasting patients were reported to be encountering a stagnation or increase of body weight and were checked for inclusion and exclusion criteria. Two hundred and eleven patients were eligible and allocated a randomisation number. Three patients (two *thyroidinum*, one *placebo*) withdrew consent before opening the container. Thus, 208 patients actually received study medication. Although in 14 cases it was

noticed that by mistake on the part of the physician on duty one of the eligibility criteria had been overlooked, all 208 patients were followed up and analysed (Figure 2).

Analysis

After 3 years and 3 months final file-closing, full deblinding, and analysis took place. Study medication had been administered to 208 patients. Fourteen patients showed one minor deviation from the protocol each, such as not having had a reduction of weight for 3 consecutive days preceding the stagnation of weight (five *verum*, one *placebo*), not having had a stagnation or increase of weight on day 0 (one *verum*), having taken thyroid hormone (one *verum*, one *placebo*) or an iodine containing drug (one *verum*, one *placebo*) during the study period, having had radioiodine therapy (one *verum*), not being adult (one *verum*) or having already been subjected in the study (one *verum* patient, 8 months previously). There were no dropouts. Thus, 194 patients fulfilled all requirements per-protocol. One severe adverse effect (transient ischemic attack with hemiplegia) occurred, the code remained unbroken. On analysis it turned out that this patient had received *placebo* (Table 1).

Statistical analysis (intention-to-treat) showed that the average reduction of body weight 2 days after medication was significantly lower in the *Thyroidinum* group (347 g, SD 304 g, 95 % CI 287–407 g, n=102) than in the *placebo* group (439 g, SD 313 g, 95 % CI 378–499 g, n=106). The difference between the sample means was 92 g (95 % CI 176 to 7 g), corresponding to a P-value of $P=0.034$ ($t=2.14$, $df=206$). Per-protocol analysis yielded similar results: difference between the means was 93 g (95 % CI 179 to 7 g) and $P=0.033$ ($t=2.14$, $df=192$). Although the daily reduction of body weight followed approximately a normal

distribution, to doublecheck, the non-parametric Mann-Whitney U-test was also performed (intention-to-treat) with similar result ($Z=2.15$, $P=0.032$). Removing outliers increased rather than decreased significance (see Table 2).

[[201] No significant differences between the groups, however, were found in the secondary outcome measures, i.e. reduction of weight on day 1 (difference of means 17 g, 95 % CI 75 to 109 g) and day 3 (difference of means 18 g; 95 % CI 84 to 121 g). Nor did exploratory analysis of the laboratory findings from days 0 to 1 and 2 or the trend of daily complaints during the days 0–3 reveal statistical differences regarding direction or quantity of the changes. The same was true for the assessment by physicians and patients regarding well-being, tolerance, and effectiveness. In both groups the ratings “good” or “very good” were given to tolerance by 98 %, to well-being by 88 %, and to effectiveness by 77 % of the patients and doctors.

The groups were comparable in some 200 baseline parameters (selection in Table 1), indicating that randomisation was successful. A few random differences, however, had to be considered as confounding factors. In the run-in period (=days 3 to 0), the mean body weight was higher in the *placebo* group (not [[202] significant) as was the mean daily weight reduction (significant on days 2 and 0). To determine the impact of these baseline differences, a covariate adjustment was carried out using a general linear model (GLM, univariate and multivariate), analysing each confounding variable in sequence as well as their joint impact on the outcome.

After adjustment for these covariates, the significance of the main outcome, i.e. the difference in weight reduction on day 2, became non-significant. Analysed individually (univariate), the single covariates weakened significance as follows: difference in body weight on each of the days -3

through 0: to $P=0.062$; weight reduction on day -3: to $P=0.055$; on day -2: to $P=0.083$, on day -1: to $P=0.053$; on day 0: to $P=0.021$. Considering all these covariates together in one (multivariate) test, the P-value of the main outcome declined to $P=0.094$. After removal of two extremes and nine outliers, however, the difference in the main outcome became highly significant ($P=0.009$) and maintained significance even after covariate adjustment ($P=0.043$). Per-protocol analysis yielded similar results.

The portion of group difference which was independent of sex difference yielded a P-value of 0.039, indicating that the significance of the result was not due to an unbalanced sex distribution between the treatment groups.

Discussion

Although initially significant, the result of this study was weakened by adjustment for differences at baseline and thus ultimately did not refute the null hypothesis which denies that one dose of *Thyroidinum* 30cH affects the weight reduction of fasting patients differently than one dose of *placebo*.

To meet the exacting demands of a clinical trial on a highly controversial subject like homeopathy^{165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182} this study was rigorously designed, conducted, monitored, and audited according to the regulations for quality assurance of clinical trials, the EC-GCP-guidelines 'Good Clinical Practice for Trials on Medicinal Products in the European Community'. The data quality was excellent (virtually no missing or implausible data). Comparability of both groups was assessed by means of some 200 parameters collected from each patient on 14-page case report forms: demographic data (marital status, occupation, education,

etc), physical examination (10 items), diagnoses, history (12 disease groups), diagnostics (nine items), therapeutics (injections, acupuncture, physiotherapy, hydrotherapy, etc), medication (21 drug categories), 34 laboratory data, 15 complaints, liquid and caloric intake, bowel movement, laxatives, etc. Apart from three patients who withdrew their consent before receiving study medication, there were no drop-outs. Estimation of sample size together with a stochastic curtailment ensured sufficient power when the trial was ended with 208 enrolled patients.

Unlike most previous studies, this trial tried to test the efficacy of a homeopathic ultramolecular dilution over *placebo* by means of objective outcome measures. The clinical model was chosen according to observations made by doctors at the 'Krankenhaus für Naturheilweisen' over several decades and based on pathophysiological as well as homeopathic [[203] considerations. Since the (energy sparing and weight reduction restricting) low-T3-state of fasting patients can be overcome by T3 intake, administration of a homeopathic preparation of thyroid gland was expected to affect this system. According to homeopathic *materia medica*, *Thyroidinum* is reported to provoke many symptoms similar to "fasting crises" e.g. headache, nausea, irritability, weakness of memory, palpitation, flushes of heat, etc. and thus, according to the principle of similars, may be homeopathically indicated in this condition. To keep the number of variables to a minimum, treatment of patients was not completely individualised but on the basis of a more general similarity to the main features of this clinical condition.

According to clinical experience and homeopathic/physiological considerations the increased weight reduction expected in the treatment group on day 1 could possibly be followed by a secondary impairment of

weight reduction on day 2. For lack of previous research and literature on this topic, originally the main outcome measure was predefined as absolute weight reduction on day 1 after treatment. The null hypothesis read: there is no difference in the reduction of weight between the *Thyroidinum* and *placebo* group after administration of the study medication. Contrary to the original expectation, however, the semi-deblinded interim analysis showed less difference between groups on day 1 than on day 2. The time interval from administration of study medication (usually at 14.00) until measurement of body weight on the next day (at 07.00) was 17 h, to measurement on the second day 41 h. Considering a possible delay of metabolic changes as well as the bipolarity of many homeopathic effects, it seemed more plausible to expect the main, if any, effect of a remedy supposed to modulate thyroid metabolism and reduction of body weight at the later time point. These considerations prompted a revision of the protocol with a change of the main outcome measure (weight reduction on day 2 instead of day 1). However, since this modification was not communicated to study physicians and hospital staff or patients, the trial was continued under the same conditions, without any reason for bias or confusion.

Ultimately, the difference between the groups in weight reduction 2 days after medication was significant ($P=0.034$),¹⁸³ but covariate adjustment for baseline imbalances weakened the P-value to levels of 0.083 and 0.094. No significance would have been achieved had the original main outcome measure (weight reduction on day 1) not been changed ($P=0.71$), or had the analysis of the amended outcome parameter (weight reduction on day 2) been confined only to those patients recruited after the

interim analysis was performed ($P=0.33$). In view of these facts, the null hypothesis can hardly be rejected.

Post-hoc inspection of the chart of the daily weight reduction in each group, however, suggests an alternative interpretation of the data. In the *Thyroidinum* group (which had lower average body weight at baseline) the weight reduction on five of the 7 days was less than in the *placebo* group, so the really odd results seem to appear on days 1 and 3 when this difference is inverted (see Figure 3). Had the main outcome measure – instead of emphasizing the absolute amount of weight reduction – been predefined as change on day 1 from the mean baseline difference between the groups in weight reduction on day 3 to day 0 (-74 g [= $369\text{ g} - 443\text{ g}$, see Tables 1 and 3]), the result would have shown greater reduction of weight in the *Thyroidinum* group on day 1 (change from baseline average difference: 91 g [= 74 g baseline difference + 17 g difference on day 1, see Tables 1–3], 95 % CI -7 to 190 g , $P=0.070$). Using ‘body mass index’ instead of body weight and percentage of reduction instead of absolute reduction this finding would have been significant (change from baseline difference 0.12% of BMI, 95 % CI 0.01 – 0.23% , $P=0.034$). It would be robust to covariate adjustment. This result would be consistent with the initial expectation of an increase of weight loss, i.e. hyperthyroid effect, on day 1 after treatment. Although data-driven *post-hoc* testing of this kind has no confirmative value,^{184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195} these speculations may serve as suggestions for further studies (see Table 3).

[204] Would these results be compatible with homeopathic doctrine, anyway? According to HAHNEMANN, primary effects of a remedy are often followed by opposite secondary after-effects, e.g. initial alertness and subsequent drowsiness after coffee. Homeopathic *materia*

medica demonstrates that *Thyroidinum* in both low and high potencies has shown symptoms of hyperthyroidism as well as hypothyroidism suggesting the possibility of catabolic and anabolic effects, respectively. The phenomenon of bipolarity is widely acknowledged in the homeopathic literature. Based on reflections of this kind as well as on previous clinical observations, the expectation was a stimulation of weight reduction on the day after treatment, possibly followed by a reverse effect on the subsequent day. ENDLER et al. found a decrease of climbing activity of tadpoles after administration of *thyroxine* 30x^{196, 197, 198} suggesting a hypothyroid effect of this potency, consistent with the findings presented here of impaired weight reduction on the second day after treatment. Both results suggest a hypothyroid effect of the 30th potency. Nevertheless the apparent increase of weight reduction on the first day after treatment is likely to be the primary effect.

Neither the claim of an increase on day 1 nor of a decrease on day 2 of the daily weight reduction, however, is corroborated by the objective and subjective secondary outcomes which failed to show corresponding differences between the groups, in terms of laboratory findings and daily complaints. This discrepancy casts additional doubt on the validity of the isolated result. Certainly, a difference of 92 g in weight reduction 2 days after medication is not clinically relevant particularly when its direction is the opposite of what fasting patients desire. However, a positive change of 0.12% in daily BMI reduction 1 day after medication (increased weight reduction) is not completely irrelevant because it helps patients to overcome their “fasting crisis” more quickly and supports the remedy’s efficacy in this indication.

In spite of the puzzling results of this study, in an under-researched field like homeopathy it may still be a valid contribution to finding a clinical model for proving its intriguing claim of efficacy of the ultramolecular dilutions. The outcome measures of this study were certainly neither appropriate nor sophisticated enough, but replication, e.g. on the basis of changes in daily percental reduction of body mass index, may be of interest.

Conclusion

Despite meeting high-quality standards and assuring randomisation and blind assignment, a random imbalance of a few prognostically important baseline parameters lessened the otherwise significant result of the study. Due to the lack of previous research and literature, the main outcome measure was predefined in such a way that no convincing evidence was detected for an alleged effect of an ultramolecular dilution of *Thyroidinum* on the weight reduction of fasting patients after a stagnation/increase of weight. *Post hoc* analysis, however, suggests that by using the same clinical model with more appropriate and sophisticated outcome measures, efficacy may be demonstrable in replication studies. In conclusion, this study failed to disprove the null hypothesis related to this outcome measure and the preparation of this homeopathic remedy for this clinical indication, but should not be misunderstood as a refutation of the principles of homeopathy at large.

[Figures]

Figure 1: Inclusion and exclusion criteria. *

Inclusion criteria

[199] Stagnation or increase of body weight

Fasting 3 days so far and 3 more days prospectively
Body weight reduction during the last 3 days of at least 100 g on each single day
Compliance with the documentation requirements
Complete data in patients' diaries and checklists so far
Majority (age > 18 years)
Signed informed consent

Exclusion criteria

Severe endocrinologic, metabolic, hematologic, infectious, cardiovascular, respiratory, hepatic, renal, tumorous or psychiatric disease
Intake of thyroid hormones, antithyroid drugs, strong psychochemicals, opiates or iodine containing medication
Radioiodine therapy or thyroidectomy in the past
Participation in another clinical trial
Having already participated in this study
Abuse of alcohol or drugs
Pregnancy or breast-feeding
Incorrectness in the fasting diet

Figure 2: Patient flow chart. *

Participant flow and follow up

[201] Fasting patients of the hospital encountering a stagnation/increase of body weight
Reported to the study physician (n=499)
Ineligible because of inclusion and/or exclusion criteria (n=288): not fasting 3 days so far (n=30), not fasting 3 more days prospectively (n=100), no body weight reduction during the last 3 days of at least 100 g/d (n=46), no stagnation or increase of weight (n=25), incomplete data in patients' diaries and checklists (n=23), no written consent (n=21), severe disease (n=14), intake of thyroid hormone (n=68) or iodine containing medication (n=22), strumectomy (n=5), having already participated in this study (n=32), incorrectness in fasting diet (n=11) [multiple reasons possible]
Eligible for allocation to study medication (n=211)
Randomisation
Received thyroidinum (n=102)
Did not receive thyroidinum, withdrawal of consent (n=2)
Deviations from the protocol (n=11)
Followed up (n=102)
Timing of outcome measures:
Body weight and complaints on days 0-3

Blood samples on days 0-2
 Assessment of well-being, tolerance and effectiveness on day 3
 Drop-outs (n=0)
 Completed trial:
 Intention-to-treat (n=102)
 Per-protocol (n=91)
 Received placebo (n=106)
 Did not receive placebo, withdrawal of consent (n=1)
 Deviations from the protocol (n=3)
 Followed up (n=106)
 Timing of outcome measures:
 Body weight and complaints on days 0-3
 Blood samples on days 0-2
 Assessment of well-being, tolerance and effectiveness on day 3
 Drop-outs (n=0)
 Completed trial:
 Intention-to-treat (n=106)
 Per-protocol (n=103)

Figure 3 *

Daily reduction of body weight 3 days before and 3 days after stagnation/increase of weight (n=208, intention-to-treat).

[[203] Thyroidinum (n=102) / Placebo (n=106)
 Body weight reduction (g) / day

[Tables]

Table 1

Baseline characteristics of study patients. Means (SD) or numbers (percentage)

[[202] - / Thyroidinum (n=102) / Placebo (n=106)
 Age (mean, years) / 51.0 (13.3) / 51.8 (12.6)
 Sex (male: female) / 26 (25.5 %) / 76 (74.5 %) / 31 (29.2 %) / 75 (70.8%)
 Height (cm) / 166.6 (6.8) / 167.7 (8.4)
 Body weight (on day 0, kg) / 89.6 (21.1) / 93.9 (19.8)
 Body mass index (on day 0, kg/m²) / 32.2 (7.2) / 33.4 (6.7)
 Blood pressure (mean, mm Hg) / 139/87 (28/15) / 143/90 (26/15)

Smoking (yes: no: no more) / 15 (14.7 %): 71 (69.6 %): 16 (15.7 %) / 19 (17.9 %): 77 (72.6 %): 10 (9.4 %)

Fasting experience (yes: no) / 44 (43.1 %): 58 (56.9 %) / 54 (50.9 %): 52 (49.1 %)

Reduction of weight (mean, g):

Day -3 / 576 (422) / 650 (348)

Day -2 / 486 (337) / 578 (309)

Day -1 / 538 (316) / 616 (343)

Day 0 / -125 (185) / -80 (123)

Average (day -3 to day 0) / 369 (174) / 443 (192)

Table 2

Primary and secondary outcomes in weight reduction. Means (SD or 95% CI)

[202] - / Thyroidinum (n=102) / Placebo (n=106) / Difference between groups
Reduction of weight (g):

Day 1 / 578 (310) / 561 (360) / 17 (-75 to 109)

Day 2 / 347 (304) / 439 (313) / -92 (-176 to -7)*

Day 3 / 381 (448) / 363 (287) / 18 (-84 to 121)

*P=0.034.

Table 3

Post-hoc findings in weight reduction. Means (SD or 95 % CI)

[203] - / Thyroidinum (n=102) / Placebo (n=106) / Difference between groups
Baseline average weight reduction (days -3 to 0) (g) / 369 (174) / 443 (192) /
-74 (-121 to -23)

Change from baseline average weight reduction (g):

Day 1 / 210 (338) / 118 (384) / 91 (-7 to 190)*

Day 2 / -22 (310) / -5 (340) / -17 (-106 to 72)

Day 3 / 13 (492) / -80 (351) / 93 (-24 to 210)

*Using BMI instead of body weight and change from percentual instead of absolute reduction, this difference between groups would be 0.12 % of BMI (95 % CI 0.01-0.23 %), with P=0.034.

Contributors

[204] BENNO OSTERMAYR, M.D., participated in protocol development and assumed clinical responsibility for the trial. JOSEF M. SCHMIDT, M.D., Ph.D., participated in protocol development, attended all patients as principal study

physician, collected data, coordinated and monitored the study, performed the statistical analyses, wrote the biometric report and the manuscript.

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[Note]

[[197] * Received 21 February 2002; revised 25 June 2002; accepted 22 July 2002.

Hahnemann's legacy in a new light

A systematic approach to the 'Organon of medicine'

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[Abstract]

[[202] The sixth edition of SAMUEL HAHNEMANN'S 'Organon of medicine' is an obligatory work of reference for homeopathy. Nevertheless, its philosophy can be questioned with constructivistic and historicistic objections. Three levels of content may be distinguished:

- (1) practical directions and maxims,
- (2) theoretical explanations and hypotheses,
- (3) conceptual foundations and premises.

Ideally, these levels should be considered, studied, and taught separately and gradually. My new German edition of the 'Organon', published in 2003, tries to meet these demands. It contains:

(A) a complete version of HAHNEMANN'S original text, in the original order of paragraphs, but in modern German with section headings, summary boxes, etc. added,

(B) another full version of its content, organized in three levels, as indicated above,

(C) a glossary of about 400 problematic terms.

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Keywords

Samuel Hahnemann, Organon of medicine, sixth edition, new German edition, history of homeopathy

Introduction

The homeopathic consensus

In spite of numerous differences between schools of homeopathy there always was, is, and will be an unifying consensus among all parties: It was SAMUEL HAHNEMANN who founded this system of therapeutics based on the principle of similars. It was HAHNEMANN who, through his deviation from and criticism of the old allopathic approach, inaugurated the new homeopathic school; and he is the undisputed ancestor and ultimate authority on homeopathy. His famous work 'Organon of medicine' has sometimes been described as the Bible of homeopathy. Hence, contrary to conventional scientific medicine where new theories and hypotheses have to be tested (ideally) by independent researchers in clinical studies or the like, in homeopathy a quotation from the 'Organon' is still commonly accepted as an argument. Today almost every textbook on homeopathy – at least in chapters of justification and explanation of the homeopathic approach in general – refers to the 'Organon'.

The status and relevance of the Organon

This view of HAHNEMANN'S legacy as a divine revelation of eternal truths, analogous to sacred words of prophets, can be challenged by the objection that HAHNEMANN – like any physician at any place or time – was a child of his time. Accordingly, in his reasoning he was likely to have been influenced and limited by the state of the art of contemporary science, philosophy etc. Even if he transgressed and shifted [[203] paradigms, in order to communicate his ideas he had to resort to the language and patterns of thinking of his readers and listeners. In fact, in order to make his points as clear and plausible as possible, in the 'Organon' HAHNEMANN not only provided precise methodological directions for therapeutic practice, but also

considerable theoretical explanations and philosophical speculations. The theories and concepts he used for this purpose, however, were obviously those of his time. As such they were within the grasp of his pupils and patients, but today may be difficult or impossible to understand, and may therefore be questioned, supplemented, or even replaced by reflections in modern terms. But taken to its extreme this argument for deconstructing, relativizing, and dissolving HAHNEMANN'S system of rational therapeutics may deprive the modern homeopath of his/her roots and expose him/her defenselessly to human rat-catchers (gurus).

Clearly, to claim to be a true Hahnemannian or a classical homeopath would not make much sense without familiarity with the 'Organon' and its practical rules and principles. But is it necessary to share HAHNEMANN'S metaphysical opinions as well? Pragmatically speaking, to secure a certain standard of practice within a group of therapists it should be sufficient to operationalize all basic steps of the procedure and oblige all participants to comply to a specific set of guidelines. From the viewpoint of practice, it should make no difference what religious or philosophical background an individual physician may have or according to what belief or "insight" he/she may be motivated to practice homeopathy. As long as he/she follows the same practical directions the collective results of treatment should be comparable and he/she should be considered a full member of the respective community – disregarding national, cultural, spiritual, or personal idiosyncrasies. Criteria for being a "real" homeopath can therefore only be derived from compliance with a well-defined set of practical rules. In any case, there is no point to demanding from modern people from different continents to subscribe to

medical concepts which were current in Germany 200 years ago.

Nevertheless, to understand the genesis and development of homeopathy or to achieve a position from which one may be entitled to modify some of HAHNEMANN'S practical directions, however, it is crucial to understand HAHNEMANN'S time, problem, approach, etc. as well, in other words, study his philosophy.

A graduated approach to the Organon

According to different students' or researchers' purposes, ranging from concrete practical to abstract theoretical interests, three main levels of contents may be distinguished in the 'Organon' (see Table 1):

- (1) practical directions and maxims,
- (2) theoretical explanations and hypotheses,
- (3) conceptual foundations and premises.

Most homeopaths are interested almost exclusively in the first level and may be satisfied by a basic knowledge of it, while philosophers or historians of medicine may be particularly concerned with the second or third. Although it is mandatory for every homeopath to know the professional instructions given by HAHNEMANN it is optional for explorers and developers of homeopathy to embrace his reflections on the causes and implications of his practical tenets. So from a didactic point of view, it seems sensible to offer to students of homeopathy a graduated introduction and step-wise access to the 'Organon'.

Being primarily a book on practical therapeutics, the first and most relevant step of becoming acquainted with HAHNEMANN'S teaching should be a structured compilation of his directions on how to proceed in practice: from taking the patient's history, proving drugs on healthy volunteers,

to prescribing the most similar remedy, considering different classes of diseases, following up chronic cases, etc. As long as, led by these instructions, everything works well in practice, there is apparently no need to go further. Curiosity or failure, however, may drive a student to continue his/her study to a second level of theories and reasons. Eventually, this might lead him/her to think of a modification of the theory and thus open up new therapeutic possibilities. Finally, for those who are dissatisfied with technical instructions and rational explanations, HAHNEMANN'S metaphysical assumptions and conceptions, such as his idea of life force and dynamic influence, his notion of health, disease, healing, and action of remedies, and his views on science, medicine, religion, ethics etc. should be presented.

Understanding the 'Organon'

Until recently the 'Organon' had, for most people, been a book with seven seals. Due to its almost inextricable mix of objective observations, practical recommendations, subjective polemics, sophistic rhetoric, ethical admonitions, and philosophical speculations only two extreme attitudes towards it seemed to [204] be possible: The majority of homeopaths did not take it too seriously, they did not read it at all, resorting instead to secondary literature and thoughtless repetition of presumably correct quotations. On the other hand, a minority of zealots took every word of it faithfully and uncritically for absolute truth.

The lack of interest in the original writings of HAHNEMANN was and is one of the main reasons why even today most members of the homeopathic community know very little about the history of the 'Organon of medicine'. Few homeopaths for instance are aware that it was 80 years after HAHNEMANN had finished the manuscript of the sixth

edition (1842) that the first English translation was published by WILLIAM BOERICKE (1922), followed by new translations by JOST KÜNZLI and others (1983) and by STEVEN DECKER, edited by WENDA O'REILLY (1996). Ironically, in Germany, the homeland of homeopathy, it took even longer to achieve an authentic publication. While RICHARD HAEHL'S first publication of the sixth edition (1921) was based on a handwritten transcript of HAHNEMANN'S manuscript provided by HAHNEMANN'S widow MÉLANIE in 1865, it was only 150 years after the completion of the manuscript that the first text-critical edition of the original was published (1992). The German standard edition (1996) is based on this. Translations into other languages have hitherto all derived either from BOERICKE'S English translation or from HAEHL'S German edition. The two French editions by PIERRE SCHMIDT (1952) and RENÉE-CLAIRE ROY (1984) were both translated from HAEHL'S edition. Spanish translations were based on HAEHL'S German edition or English or French translations (see Table 2).

Are Germans to be envied for possessing the most authentic text? Not really! Unlike the English, French and Spanish translations of the Organon which were written in 20th century language, the German original text of 1842 today seems to cause more problems than advantages. The form and style of academic publications as well as educational background and social class of the scientific public have changed significantly in the last 160 years. Modern consumers of fast facts expect from a medical text what they are used to in up-to-date books or journals: concise and clear-cut statements with a maximum size of a few lines each; rather than enjoying HAHNEMANN'S demanding grammatical constructions, playing with several layers of sentences with a length of up to nearly a page. Indeed, because of their difficulty in reading and

understanding old-fashioned German medical texts, more and more Germans prefer to study the 'Organon' in English! In other words, in order to preserve the relevance of HAHNEMANN'S unique work to the German speaking world, it was high time for a comprehensive revision.

A new German edition of the 'Organon'

My new German edition of HAHNEMANN'S 'Organon of medicine', published in 2003, tries to meet the (partially conflicting) demands outlined above. To accomplish this, the publication has been organized into three parts:

- (A) the basic text of the 'Organon', in HAHNEMANN'S original order, but converted to modern German,
- (B) a new systematic arrangement of the content of the 'Organon', according to the three levels mentioned above,
- (C) a glossary of unfamiliar or problematic terms (see Table 3).

(A) The first part of the new edition (220 pages) contains the complete original text of HAHNEMANN'S manuscript converted to modern German. This text comprises HAHNEMANN'S preface, table of contents, introduction, and the 291 sections or "paragraphs", in their original order (see Table 4). To make the text easier to navigate, about 60 section headings and text summary boxes are inserted at the beginning of each new chapter. Historic terms are substituted by current expressions, long and complicated sentences are [[205] broken up into shorter and easier ones, expletives and rhetorical or polemical phrases are reduced to a minimum, and orthography and punctuation are adjusted to the standard of today. Alterations of HAHNEMANN'S language were made in moderation in order to preserve his style as far as possible. To keep changes of terms transparent to the reader, the old words which were

substituted by modern ones and the words and phrases which were omitted are listed in an appendix. Where possible, long paragraphs were divided up into several sentences using bullet points. For example, in paragraph 38, one long paragraph provides more than ten examples of new, dissimilar diseases suspending but not curing older diseases. The new edition separates each example so they are easier to read. These editorial elements structure the 'Organon' as a modern text. It now offers to modern German students of homeopathy an easier and yet reliable approach to HAHNEMANN'S original text.

(B) The second part of the new edition (70 pages) addresses the didactic challenge indicated above offering a graduated approach to the different levels of the 'Organon'. Actually, this is another complete version of the factual contents of the 'Organon', without suppressing any significant thought or argument, in modern language, but with a completely new arrangement of the topics, which allows considerable reduction of redundancy. HAHNEMANN'S statements are allotted to three categories:

- (1) practical directions and maxims,
- (2) theoretical explanations and hypotheses,
- (3) conceptual foundations and premises.

Each category is in turn structured according to the logical necessity of its contents (see Table 5). The first two levels, i.e. the practical directions and theoretical explanations, are arranged in a parallel manner, starting from the physician's tasks which consist in prevention, dietetics and surgery on the one hand and treatment of internal diseases on the other. The last may be distinguished into non-medicinal and medicinal treatment, the last again into treatment according to the principle of contraries and according to the principle of similars. To all

of these topics HAHNEMANN gave practical directions as well as theoretical explanations but in a scattered fashion.

At a third level HAHNEMANN'S specific concepts of homeopathy are listed, his idea of a life force, dynamic influence, organism, health, disease, healing, and [[206] action of remedies, and finally his more general views on contemporary concepts, medicine, science, religion, philosophy and ethics, mirroring his historical and philosophical background. Characteristic examples of rhetoric and polemics devoid of therapeutic value are collected and listed here.

The systematic editing makes it possible to find at a glance, for instance HAHNEMANN'S directions regarding potentization of remedies, his explanation for the working of the principle of similars, the properties he attributed to the life force etc. Every thought of HAHNEMANN expressed in the 'Organon' has been assigned a place in the systematic arrangement. Since the listings of topics are complete, i.e. they comprise everything that HAHNEMANN wrote about the issue in the 'Organon', they allow negative inferences: if a topic is not listed, the 'Organon' really does not contain relevant statements. To check the quotations or to shift to the original, at the end of every argument the original paragraph is indicated.

(C) The third part of my new edition (150 pages) is a glossary which explains the meaning of more than 400 unfamiliar or problematic historical terms in modern language. These terms are also followed up through the 'Organon', HAHNEMANN'S usage of them is displayed in different contexts.

Conclusion

Due to a series of particular difficulties in Germany it took a somewhat longer way to bring about an authentic as well as practically useful German edition of HAHNEMANN'S 'Organon of medicine'. Bigger challenges, however, in the long run sometimes also provoke bigger responses. My new German edition of the 'Organon' published in 2003 seems to meet more demands from various perspectives than past editions did – warranting authenticity of contents as well as modernity of form, scientific accuracy as well as userfriendliness.

[Tables]

Table 1: A graduated approach to the 'Organon'

- [203] (1) Practical directions e.g. how to take the patient's history, prove drugs, prescribe the most similar remedy, consider different classes of diseases, follow up chronic cases, etc.
- (2) Theoretical explanations e.g. how the mechanism of cure by similars, potentization, psora, etc. can be understood
- (3) Metaphysical conceptions e.g. life force, dynamic influence, notion of health, disease, healing, action of remedies, views on science, medicine, religion, ethics, etc.

Table 2: History of publication of the 6th edition of the 'Organon of medicine'

English editions

- [204] 1922 First translation by WILLIAM BOERICKE (Philadelphia)
- 1983 New translation by JOST KÜNZLI et al (London, Los Angeles)
- 1996 New translation by STEVEN DECKER, edited by WENDA O'REILLY (Washington)

German editions

- 1921 First publication by RICHARD HAEHL, based on a handwritten transcript of the original manuscript (Leipzig)
- 1992 Text-critical edition by JOSEF M SCHMIDT, based on the original manuscript (Heidelberg)
- 1996 Standard edition by JOSEF M SCHMIDT, based on the original manuscript (Heidelberg)

2003 New edition, based on the original manuscript, with additional systematic and glossary by JOSEF M SCHMIDT (München)

French editions

1952 First translation from German by PIERRE SCHMIDT (Paris)

1984 New translation from German by RENÉE-CLAIRE ROY

Spanish editions

1929 First translation from English by RAFAEL ROMERO (Mérida/Mexico)

1936 Translation with commentaries by LEÓN SIMON, translated from French by SEGURA Y PESADO (Guadalajara/Mexico)

1967 Translation from German by LUIS FERNANDEZ MOLINA (Buenos Aires/Argentina)

1984 New translation from English by JORGE TORRENT (Porrúa/Mexico)

Table 3: The new German edition of the ‘Organon’ (2003)

[[205] (A) The basic text

Complete version of the original manuscript, full text in HAHNEMANN’S order, but converted to modern German

(B) Systematic arrangement

Complete version of the original content, in a new arrangement of the topics, according to three graduated levels (practice, theory, metaphysics)

(C) Glossary

Explanation of some 400 unfamiliar or problematic terms, including HAHNEMANN’S usage of them in different contexts

Table 4: The basic text of the ‘Organon’ (A)

[[205] Preface

Table of contents

Introduction

Main part (Sections 1–291)

(I) Theoretical part (Sections 1–70)

The physician’s tasks (Sections 1–4)

(1) Knowledge of the disease (Sections 5–18)

(2) Knowledge of the medicinal forces (Sections 19–21)

(3) Selection of the indicated remedy (Sections 22–69)

Summary (Section 70)

(II) Practical part (Sections 71–291)

Overview (Section 71)

(1) Case taking (Sections 72–104)

(2) Remedy proving (Sections 105–145)

(3) Application of the remedies (Sections 146–285)

Proceeding in particular forms of diseases (Sections 172–244)

Treatment through remedies (Sections 245–285)

Non-medicinal forms of treatment (Sections 286–291)

Table 5: Systematic arrangement of the ‘Organon’ (B)

(I) Practical directions and maxims

[[205] The physician’s tasks

(1) Prevention, dietetics, surgery

(2) Treatment of internal diseases

(2.1) Non-medicinal treatment

(2.2) Medicinal treatment according to the principle of contraries

(2.3) Medicinal treatment according to the principle of similars

(2.3.1) Case taking

(2.3.2) Drug proving on healthy humans

(2.3.3) Prescription of the homeopathic remedy

(2.3.4) Particulars in certain diseases

(2.3.5) Application of remedies

(2.3.6) Follow up and therapeutic rules

(II) Theoretical explanations and hypotheses

The physician’s tasks

(1) Prophylactics, dietetics, surgery

(2) Treatment of internal diseases

(2.1) Non-medicinal treatment

(2.2) Medicinal treatment according to the principle of contraries

(2.3) Medicinal treatment according to the principle of similars

(2.3.1) Case taking

(2.3.2) Drug proving on healthy humans

(2.3.3) The principle of similars

(2.3.4) Classes of diseases

(2.3.5) The action of remedies

(2.3.6) Follow up

(III) Conceptual foundations and premises

(1) Specific concepts of homeopathy

- (1.1) Life force
- (1.2) Dynamic influence
- (1.3) Organism
- (1.4) Health
- (1.5) Disease
- (1.6) Healing
- (1.7) Action of remedies
- (2) General historical and philosophical background
 - (2.1) Contemporary concepts
 - (2.2) Medicine, science
 - (2.3) Theology, teleology
 - (2.4) Ethics, morality
 - (2.5) Rhetoric, polemics

Abridged bibliography

[[206] Editions of the 'Organon of medicine' (6th edition, completed by HAHNEMANN in 1842)

English editions

- 1 HAHNEMANN S.: 'Organon of medicine' ('Sixth edition after Hahnemann's own written revision for the sixth edition'. Translated with preface by WILLIAM BOERICKE). Philadelphia: Boericke & Tafel, 1922.
- 2 HAHNEMANN S.: 'Organon of medicine' ('1st English translation of the definite 6th edition of the original work on homoeopathic medicine', a new translation by KÜNZLI J., NAUDE, A., PENDLETON, P. Los Angeles: Tarcher, 1982). London: Gollancz, 1983.
- 3 HAHNEMANN S.: 'Organon of the Medical Art'. Edited and annotated by WENDA BREWSTER O'REILLY ('The sixth edition of Samuel Hahnemann's work of genius' based on a translation by STEVEN DECKER). Washington: Redond, 1996.

German editions

- 1 HAHNEMANN S.: 'Organon der Heilkunst' ('Nach der handschriftlichen Neubearbeitung Hahnemanns für die 6. Auflage' herausgegeben und mit Vorwort versehen von RICHARD HAEHL). Leipzig: Schwabe, 1921.
- 2 HAHNEMANN S.: 'Organon der Heilkunst' ('Textkritische Auflage der sechsten Auflage'. Bearbeitet, herausgegeben und mit einem Vorwort versehen von JOSEF M. SCHMIDT). Heidelberg: Haug, 1992.
- 3 HAHNEMANN S.: 'Organon der Heilkunst' ('Standardausgabe der sechsten Auflage. Auf der Grundlage der 1992 vom Herausgeber bearbeiteten

textkritischen Ausgabe des Manuskriptes Hahnemanns (1842)' herausgegeben von JOSEF M. SCHMIDT). Heidelberg: Haug, 1996.

- 4 HAHNEMANN S.: 'Organon der Heilkunst' ('Neufassung mit Systematik und Glossar' von JOSEF M. SCHMIDT). München: Elsevier, Urban & Fischer, 2003.

French editions

- 1 HAHNEMANN S.: 'Doctrine homoeopathique ou Organon de l'art de guérir' ('Traduit de la sixième édition allemande', avec glossaire et annotations suivis d'un index établi par PIERRE SCHMIDT). Paris: Vigot Frères, 1952.
- 2 HAHNEMANN S.: 'Organon de l'art de guérir'. ('Sixième Edition'. Traduction de RENÉE-CLAIRE ROY réalisé e sur l'édition de 1921 publiée par RICHARD HAEHL). Re' alise' e par les Editions Louis Pariente pour les Editions Boiron. Lyon, 1984.

Spanish editions

- 1 HAHNEMANN S.: 'Organon de la medicina'. ('Sexta edición'. Traducida del alemán al inglés por WILLIAM BOERICKE y del inglés al español por RAFAEL ROMERO). Mexico: Merida, 1929.
- 2 HAHNEMANN S.: 'Organón de la medicina' ('Con cuestionario y comentarios' de LÉO SIMÓN. 'Sexta edición' Versión de SEGURA Y PESADO). México: Guadalajara, Jal., 1936.
- 3 HAHNEMANN S.: 'Organon de la medicina'. ('Traducido al castellano de la sexta edición alemana revisada por su autor'. Prólogo del LUIS G.A. FERNÁNDEZ MOLINA). Buenos Aires: Ediciones Marite, 1967.
- 4 HAHNEMANN S.: 'Organón de la medicina'. ('Sexta edición'. Traduito de JORGE V. TORRENT). México: Porrúa, 1984.
- 5 HAHNEMANN S.: 'Organon del arte de curar'. (['cuarta edición en castellano de la sexta edición francesa'.] Prólogo por RICARDO A. ANCAROLA). Madrid: Miraguano Ediciones, 1987.
- 6 HAHNEMANN S.: 'Organon de la medicina'. (Prefacio del traductor WILLIAM BOERICKE, Introducción por JAMES KRAUSS, 1921.) Buenos Aires: Albatros, 1989.
- 7 HAHNEMANN S.: 'El Organón de la medicina'. (Comentado por DAVID FLORES TOLEDO). Mexico: Instituto Politécnico Nacional, 1999.

[Notes]

[202] * Revised version of a paper presented at the 59th Congress of the Liga Medicorum Homoeopathica Internationalis in Buenos Aires, Argentine, on 19 October 2004.

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Q/LM potencies

Historical reasons for the long delay in their recognition

In: Homeopathy 2006; 95 (3): 121-122

Guest Editorial

[[121] In spite of great endeavours by the homeopathic community towards excellence, evidence, and quality control in homeopathy's theory and practice there is still plenty of obscurities and white patches – challenges for explorers – left. One of several under-researched issues still awaiting illumination is homeopathic posology. Today, in almost any seminar on homeopathy a blatant discrepancy can be experienced between a usually painstaking presentation, discussion, and explanation of a case history and its remedy and a relatively brief, casual, or even uneasy statement of the potency given – if it is mentioned at all. The shaky state of posology reflected in such an inconsistent behavior, however, has distinct but deep historical roots.

As a rule, homeopathic doctrine is based on SAMUEL HAHNEMANN'S written legacy: his published methodological writings, provings, and principles. In the case of quinquagintamillesimal (50,000) potencies, usually known as q-potencies in the German speaking world, and LM in English, a delay of nearly 80 years in the publication of HAHNEMANN'S last work not only prevented its contemporary reception among his followers but allowed another tradition to rise, spread, and prevail until today. Since, throughout his life HAHNEMANN referred to and recommended c-potencies only, it was quite natural for his disciples to follow and extend this apparently ultimate and

authorized path. Hence, for instance CLEMENS VON BÖNNINGHAUSEN and CARROLL DUNHAM advocated the 200c, while JAMES TYLER KENT introduced a scale of ultra-high millesimal potencies: m, xm, lm, cm, dm, mm, etc. Adherents of low potencies like RICHARD HUGHES opposed this kind of development, but virtually all of them referred to the same ratio of potentization (1:100), i.e. c-potencies – apart from some German homeopathic pharmacists who developed a modified scale of potentization (d- or x-potencies, 1:10).

This common denominator did not change even when RICHARD HAEHL¹⁹⁹ in 1921 and WILLIAM BOERICKE²⁰⁰ in 1922 published, in German and English respectively, for the first time, the sixth edition of HAHNEMANN'S 'Organon of medicine', whose manuscript had been completed in 1842. It contained HAHNEMANN'S last legacy: the description of 50,000 potencies which, in the last 5 years of his life, he had found to be the "strongest and mildest, i.e. most perfect" preparations.²⁰¹ Amazingly, neither HAEHL nor BOERICKE mentioned the new method of potentization in their prefaces (the publishers of these editions were the homeopathic pharmaceutical companies 'Willmar Schwabe' and 'Boericke & Tafel'). Although anyone who cared to do so was now able to read *verbatim* the revised Section 270 of the 'Organon', nobody seemed to realize that it did not deal with c-potencies any more.

Only in the 1950s did the Swiss homeopathic doctors, RUDOLF FLURY, ADOLF VOEGELI, PIERRE SCHMIDT, and JOST KÜNZLI VON FIMMELBERG, start to draw the attention of their colleagues to the 50,000 potencies which from now on were called LM- or q-potencies.²⁰² Considering the predominance of the more than a hundred years old tradition of c-potencies, the echo within the homeopathic community was very weak. After all, acknowledgement of

HAHNEMANN's unheard directions would have meant a significant change to practice with a completely new set of remedies. A simple way of escaping the dilemma was to question the authenticity of HAEHL's edition, which was based only on a transcript of HAHNEMANN's manuscript.

With the definitive text-critical edition of the original manuscript, published in 1992,²⁰³ this kind of pretext was no longer viable. Finally, backed by such an assurance, pharmaceutical companies like 'Gudjons' in Germany embarked on the manufacture of authentic q-potencies and even to specialize in their production. Meanwhile also in other countries, an ever increasing proportion of homeopathic practitioners and patients are prescribing and using potencies prepared according to HAHNEMANN's last instructions.

Given the trend in modern didactics to try to acquire knowledge by working out and solving concrete cases rather than by memorizing fixed rules or dogmas, it would be interesting to know how and when HAHNEMANN actually administered q-potencies in his own practice – instead of just having to rely on his statements in the 'Organon'. The answer to this question, however, is hidden behind a host of difficulties including the time, capacity, and energy to read and analyze thousands of handwritten pages of HAHNEMANN's German-French case books of his last years in Paris. As it turns out, even there q-potencies cannot be easily identified by one distinguishing mark or label, but have to be traced like a detective by means of assumptions, reflections, and hypotheses.

Up to now, three different approaches have been suggested: (1) RIMA HANDLEY (1990, 1997) supposed [[122] that the sign of a small circle (o) indicates a q-potency;²⁰⁴ (2) UBIRATAN ADLER (1994) introduced clinical

pharmaceutical criteria (low potencies in a sequence of gradually ascending degrees) to locate 681 prescriptions of q-potencies in HAHNEMANN'S case books;²⁰⁵ and (3) LUISE KUNKLE (2001) developed a theory according to which fractions like 1/190, 1/191, 1/192, etc would be ciphers for q1, q2, q3, etc.²⁰⁶ Prompted by a criticism by KUNKLE of ADLER'S criteria according to which HAHNEMANN would have tried out not more than 27 prescriptions of q-potencies before completing his 'Organon' manuscript in February 1842, ADLER revised his initial criteria to include the o sign (as proposed by HANDLEY), too. The result of this new approach can be appraised in this issue. Using the combined criteria ADLER now identifies 1836 prescriptions of q-potencies by HAHNEMANN during the years 1837-1843, comprising 35 different remedies in potencies ranging from q1 to q30. Apparently due to a misinterpretation of KUNKLE'S theory, her criteria were not integrated or followed up further.

This is, in short, the state of the art of archival research on HAHNEMANN'S use of q-potencies. Clearly, it raises a number of questions of another kind as well. Given the evidence and reality of q-potencies introduced, administered, and recommended by the older HAHNEMANN, the homeopathic community is challenged to discuss which sources of its art or science are to be considered most valid: HAHNEMANN'S directions, his followers' tradition, one's own experience, clinical evidence, sound reasoning, emotional intuition, creative innovation, etc? Since the majority of homeopaths today are bound by education and years of practice to "good-old" c-potencies, in this case, HAHNEMANN'S words alone will probably not convince them to give up a well-tried scale of potencies in favor of a supposedly better system that still suffers from a relative lag of experience of some 150 years. As far as homeopathy

is considered a science, however, basic research and comparative clinical studies (and provings) should settle this conflict impartially.

Background information on the history of American homeopathy and its institutions

In: Gudjons aktuell 2007; 9 (3): 29-35

Introduction

[[29] Examining the reasons for the spreading of healing systems (including their personal and institutional infrastructure) brings up a question that unto this date no science department has been able to answer satisfactorily. Neither statistic proofs of efficacy nor philosophical syllogisms alone suffice, nor sociological, economical, psychological or similar points of view, to fully understand why homeopathy in the United States for example witnessed such a powerful rise in the 19th century followed by such a dramatic fall in the 20th century.

A comparative study of its history shows that the spreading of homeopathic medicine founded by HAHNEMANN and left to us in canonical form ('Organon of the Art of Healing') took place in very different ways according to the cultural, scientific, religious, political, economic and other basic conditions in each country and period.

No universal pattern of a seemingly linear world history of homeopathy can therefore be determined. Although the arguments of advocates and critics with regard to the contents always remained the same, charismatic doctor-personalities, benevolent rulers and patrons, politically active patient associations, a free medical market and interested pharmaceutical companies and editors were not always and everywhere available to the same extent. Varying national configurations of factors like these resulted in an amazing time difference regarding the respective institutionalisation of homeopathy (in form of

societies, training centres, hospitals, pharmacies, journals and text books), the professionalisation of homeopathic doctors (including their relations towards practicing homeopathic laymen) or official recognition.

The history of homeopathy and its institutions in the United States is in so far something special as the seed of homeopathic medicine – having travelled over the Atlantic in the 1820s – produced the most impressive fruit worldwide until the end of the 19th century in the so-called land of unlimited opportunities. In 1898 the United States listed around 20 homeopathic colleges, 140 homeopathic hospitals, 57 homeopathic dispensaries, 9 national, 33 state and 85 local homeopathic societies and 31 homeopathic journals.

This story of success, until then unsurpassed, could only be noted by European homeopaths from afar with amazement and presumably with some envy as well.

[[30] Meanwhile the direction of the appreciating eye has again switched sides, presumably. Compared to the small number of around 100 nationally organised American homeopathic doctors today (in the AIH), homeopathy in Europe, in Germany in particular, has slowly reached a more stable status in the long term ('German Central Association of homeopathic Physicians', supplementary title by the 'State Medical License Board', integral part of the medical license law, etc.)

The medical market in the 19th century

The perspective of the medical market – as one aspect among many – is a suitable lead-in to the complex and multifaceted topic of the rise and fall of homeopathy in the United States (as a background for understanding the appearance and disappearance of several stupendous

homeopathic hospitals). From this perspective, homeopathy in the United States at the beginning of the 19th century had by far the best chances for a good start: registration law for doctors had been eliminated in the antimonopolistic spirit of the ANDREW JACKSON era henceforth allowing “irregular” healers to offer their treatments on a legal basis. This regional advantage created by politics enabled American homeopathic doctors to establish their own societies, colleges and later on hospitals from the very start, instead of having to undergo painstaking endeavours – mostly to no avail – to obtain the recognition of nationally sanctioned ‘Offices of Health’, as was the case in Europe.

In founding their first national organisation, the ‘American Institute of Homeopathy’ (1844), homeopathic doctors were even quicker than their colleagues of regular medicine who only joined in 1847 to form the ‘American Medical Association’ (AMA) – as a reaction to homeopathic competition.

The main reason for founding the AMA was, on the one hand, to regain – by introducing new standards of education – the respect conventional doctors had lost with the people, yet on the other, to demarcate themselves from homeopathic doctors with whom they were henceforth not allowed to cooperate (‘Consultation Clause’, ‘Code of Ethics’). These politics of exclusion on the part of regular medicine, however, favoured the spreading of homeopathy rather than harmed it. It helped homeopathic doctors to a corporate (heterodox) identity and to support by a great part of the population.

Given the liberal American conditions in the middle of the 19th century, regular medicine – failing to produce neither better cures nor a scientific basis for its treatment nor enjoying any national privileges – seemingly was not able to

come up with anything better against homeopathic competition than this questionable form of political fight.

However, when the first city hospitals were established in the second half of the 19th century and homeopaths demanded equal rights for filling the wards, the joint defensive action of “regular” doctors proved efficient. Although most town admin- [31] istrations agreed to assign about a fourth of the wards to homeopathic doctors, regular doctors managed to prevent these concessions with a threat of boycott until 1880 approximately.

At that time state universities supported by tax money showed up as a second battlefield between homeopathy and regular medicine. For a long time, regular professors refused to continue teaching students attending supplementary courses given by homeopaths, as this would have sufficed for being accused by the AMA of violating the ‘Code of Ethics’. In fact, professors in danger of being expelled in the end had to defend themselves before the AMA court of arbitration with arguments such as the following: not even the church punished representatives of a religious dogma for occasionally also preaching to incidentally present unbelievers.

In the second half of the 19th century the two medical schools, existing apart from one another and fighting against each other, gradually came closer. Regular medicine dropped its heroic treatments of past decades and increasingly prescribed single remedies as well as lower medicinal doses and accepted a great number of substances from the homeopathic *Materia Medica* for their own medicine cabinets. On the other hand, more and more homeopaths often turned to the same regular patent medicines of unknown content in an empiric and eclectic way as their “allopathic” colleagues.

After the 1870s the homeopathic medical profession therefore saw itself confronted with the problem of how to preserve its identity in a world lacking the “heroic” medicine, from which it had been able to strongly demarcate itself in former days, even more so as rigidly holding to dogmas in times of scientific discoveries did not seem to bear any future prospects.

On the one hand this dilemma resulted in the foundation of the ‘International Hahnemannian Association’ (IHA) in 1881, with which the purists among homeopaths distanced themselves from their eclectic colleagues. On the other hand, the tendency of a number of regular doctors to interpret the ban on cooperation with their homeopathic colleagues more and more laxly, led to a split in regular medical profession in 1882 – it was only in 1903, after the old ‘Code of Ethics’ of 1847 had been revised, that they reunited.

The last decades of the 19th century even witnessed a downright cooperation between regular and homeopathic doctors – concerning the joint demarcation from new medicinal “sects” such as osteopaths, chiropractors, Christian Science and others. It was agreed that a doctor’s license should henceforth only be granted to a person who had passed an examination by certain (mixed or separate) boards made up of regular, homeopathic and eclectic doctors exclusively.

Already since the middle of the 19th century the interest of the numerous private colleges in training as many (paying) students as possible clashed with the interest of the medical profession to limit the number of doctors and to standardise the training.

[[32] With this continuous stalemate the level of medical education remained alarmingly low for a long time. Finally,

around the end of the century, the following joint objectives crystallised in medical societies, license boards and a leading block of colleges: Raising of admission requirements, specification of curricula, closing of the financially weakest private schools and a reduction in the number of graduates.

The reform of medical education in the 20th century

The nationwide reform movement of medical education that followed was mostly favoured by the expansion of the cities, the growth of communication means and the impression left by the scientific success of medicine in Germany and France where there were considerably less medicinal faculties, yet considerably more fulltime professors. Financially the reform became possible thanks to major foundations of American philanthropists emerging at the turn of the century, the most important being the 'Carnegie Foundation' (1906) and the 'Rockefeller Foundation' (1913). While e.g. all medical colleges together owned around US \$ 500,000 in 1891, in contrast, nine foundations donated alone US \$ 150 million to medical institutes between 1903 and 1934.

From 1906 to 1907 the 'AMA Council on Medical Education' had their representatives and those of the license offices visit individual colleges and rank them into quality classes. This was based on the declared objective to reduce the number of medical colleges (166 colleges in 1904) to 31. At the same time 'The Carnegie Foundation for the Advancement of Teaching' conducted a complementary study. The results published by ABRAHAM FLEXNER in 1910 ('Flexner Report') produced far-reaching consequences.

Due to the newly determined standard based on the model of 'Johns Hopkins Medical School' (established in 1893) the majority of existing colleges henceforth lost their right to exist. Apparently 20 schools even closed before the report was published to avoid being mentioned at all. Further 92 schools merged with others or forever closed their doors between 1904 and 1915, facing the discrepancy between the new standards and their financial options – among them many homeopathic colleges and almost all “black” colleges. Since no possible role for smaller colleges was considered, practically all financial means were focused on the extension of the big renowned universities. Although fund contributions were reduced during the Great Depression, the modern structure of big, well equipped medical centres had been irrevocably established by then.

In spite of the fact that JOHN D. ROCKEFELLER senior underwent homeopathic treatment and explicitly stated in his letters that homeopathic colleges should continue existing, his son together with his consultants STARR J. MURPHY and FREDERICK T. GATES distributed the millions of the foundation in such a way that not a single homeopathic college was favoured. A total of approximately US \$ 600 mil- [[33] lion went into the reform of regular medical colleges until 1960. In contrast, the means of the 'Hahnemann Medical College of Philadelphia' amounted to a total of US \$ 325,000 in 1921 and those of the 'Hahnemann College of Chicago' to US \$ 537,000. Both were the homeopathic colleges that lasted the longest.

Critics of the political decisions of those days today speak of an “anti-homeopathic bias” in the 'Flexner Report'. In their opinion the criteria of the then constituted medical standards put in particular homeopathic colleges at a disadvantage, and FLEXNER himself openly took sides against homeopathy in his report, which later served as a

guideline for foundations in their decisions regarding the support deserved by individual projects. Out of 22 homeopathic colleges in 1900, 10 were left in 1913, 5 in 1919, and 2 in 1923 – both were to stop their courses in homeopathy within the next decades to come. The last homeopathic diploma was issued in Philadelphia in 1950.

Politics (that the AMA also had an influence on) determined the course for medicine of the 20th century. It is marked by an increasing specialisation, high-tech medicine, an emphasis on palliative and emergency medicine, an interlacing with the pharmaceutical-technical industry, governmental subsidies, international options of standardisation and last not least a strict time economy that is reflected in the relatively low fees for medical conversation. The one-sided orientation towards a unified medicine, that is taught in ever bigger hospitals, neglects to consider the necessity of alternative approaches and the option of establishing smaller medical colleges.

Homeopathic hospitals

These are more or less the big lines constituting the setting for the rise and fall of homeopathy and its institutions in the United States. Besides the relatively trouble-free, unbureaucratic establishment of homeopathic societies, journals, colleges and hospitals during the entire 19th century, the growing closeness of both schools, particularly from the 1880s onwards, had enabled homeopaths to send graduates from homeopathic colleges to city hospitals (or individual wards), enter military service or work in mixed license boards. Apart from a few exceptions regular and homeopathic colleges offered a fairly comparable education (leaving a great deal to be desired in both), especially as

the subject matter solely differed in regards to homeopathic therapeutics and *materia medica*.

Retrospectively, due to the poor sources, it is hard to determine in how far the numerous hospitals managed by homeopathic doctors and societies actually deserved the term “homeopathic” in those days of syncretism and eclecticism. Given the fact that even today in times of gold standards, guidelines and quality controls genuine puristic homeopathy is by no means the only treatment in all hospitals and offices that call themselves homeopathic, a certain restraint in one’s opinion seems to be appropriate.

[[34] FLORENCE WARD may serve as an example of a seemingly “typical” homeopathic career at the turn of the century. She graduated from ‘Hahnemann Medical College’ in San Francisco in 1887 and after several postgraduate studies in Europe opened her own ‘Florence Ward Sanatorium’ in San Francisco as a surgeon in 1911.

Although she was regarded as a homeopath all her life and was even elected first female vice president of the AIH, strangely enough not one of the many clinical articles she published in homeopathic journals, contains a reference to a homeopathic prescription nor to homeopathy itself. It is most probable that this extraordinary woman and threefold mother who became ‘Fellow of the American College of Surgeons’ in 1915 was primarily geared towards the career as a surgeon and only completed the compulsory four years of medical school at a homeopathic college because women did not have many alternatives to turn to in those days. At least her later practical-therapeutic work did not seem to differ much from that of her “regular” colleagues – and if so, only marginally.

The contrast between regular and homeopathic institutions became more and more blurred due to the

increasing approximation of the subject matters of its colleges and the reglementation of technical standards in hospitals. Thus fate would have it that homeopathic hospitals experienced the same downfall as the homeopathic colleges after the 'Flexner Report' (1910). In lack of material as well as non-material support they closed their doors or merged with regular medical institutions – usually on condition that the “sectarian” term “homeopathic” was dismissed.

One of the longest lasting “homeopathic” hospitals for example was the ‘Hahnemann Hospital’ in San Francisco. It managed to keep its name in spite of merging with the ‘University of California’ in 1918. In 1975 it was renamed ‘Marshal Hale Memorial Hospital’ in honour of the sponsor of the third new building. In 1988 it merged with the neighbouring ‘Children’s Hospital’ which again joined the ‘Presbyterian Hospital’ in 1991 to form today’s ‘California Pacific Medical Center’. Homeopathy has ceased to be practiced there since many decades.

Outlook

In spite of the fact that all important institutions and buildings have disappeared, homeopathy continues to be alive in the United States, although in reduced form and in different ways. In order to prevent a complete disappearance of homeopathy JULIA M. GREEN established the ‘American Foundation of Homeopathy’ in 1921, together with a group of homeopaths working with high potencies. Its major aim was the organization of postgraduate homeopathic training for allopathic doctors. However, as she also agreed to include laymen, the AIH refused to cooperate and the demand on the part of the doctors she had hoped for did not arise.

[[35] When homeopathy reached its bottom in the middle of the 20th century, in 1959 the IHA rejoined the AIH after having split off the parent organisation in 1881. Meanwhile homeopathic colleges had vanished from the medical scene and even at the few state universities, where chairs for homeopathic lectures had been established for some time, most students lost their interest. When it became clear that homeopathy was not able to recruit itself from the medical profession alone, the 'National Center for Homeopathy' (founded in 1974) declared homeopathy as "Postgraduate Specialty of Medicine Practiced by Licensed Health Care Professionals" in 1980. Including registered, non-medical therapists in the professional "homeopathic community" and demarcating from uncontrolled laymen treatment at the same time, apparently proved to be the most promising strategy under the circumstances given in order to reanimate homeopathy - a medicine that already had been declared dead.

The most recent development in the United States homeopathy began with the appearance of GEORGE VITHOULKAS in Berkeley/California in the 1970s which - due to several intermediate stages of fragmentation among his students - led on to a general debate on homeopathy. Reflecting our modern times it generated new sources in the internet (www.grundlagen-praxis.de). In this respect the history of homeopathy has not come to an end for a long time yet.

[Pictures] *

[[29] The Allentown Academy, approx. 1900 (first homeopathic school in the United States, founded 1835)

[[30] Hahnemann Hospital - Buffalo, N.Y.

[[31] Homeopathic Hospital - Iowa City, Ia.

[[32] Homeopathic Hospital - Ann Arbor, Michigan

[[33] Homeopathic Hospital - Rochester, N.Y.

[[34] Homeopathic Hospital – Rochester, N.Y.

[[35] Teaching staff of the 'Homeopathic College of Philadelphia' (1903)

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Believing in order to understand Hahnemann's hierarchisation of values

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[Abstract]

[[156] During the last 200 years, the social, scientific, and religious framework in which homeopathy is taught and practiced has changed tremendously. Various different forms of homeopathy have been advocated. To avoid being misled by the prevailing pluralism as a standard of reference for assessing new concepts, HAHNEMANN'S original ideas and attitude toward medicine, philosophy, and ethics are discussed.

HAHNEMANN'S hierarchisation of values appears to consist primarily in striving for a world view in which he could conceive of himself as a spiritual and moral being, secondly in a yearning for scientific advancement, and thirdly in his need to earn a living. Homeopaths are challenged to match this hierarchisation and be aware that homeopathy comprises dimensions other than just science and economics.

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Keywords

Hahnemann, homeopathy, philosophy, ethics, credo ut intelligam

Introduction

One of the main issues in recent debates about homeopathy is the question of whether it should be considered a science or not. While the critics' view amounts to a denial of

homeopathy being part of scientific medicine, its protagonists claim that homeopathy indeed fulfills the criteria of the scientific method, but that its application to the art of healing diseases requires a modification of approach, methodology, or paradigm. Accordingly, in order to demonstrate their compliance and compatibility with scientific standards, some homeopaths have adopted modern tools developed in and for mainstream medicine such as randomized clinical trials, quality assurance, evidence-based medicine, etc. It seems that homeopathy today is conceived by its proponents mainly along these lines, as if it were nothing but a branch or specialty of modern scientific medicine.

However, considering that homeopathy evolved before the scientific method broke into clinical medicine on a large scale in the 19th century, it may be worthwhile to recall its origins, which cannot be grasped with scientific categories alone. If it turns out that homeopathy as conceived by HAHNEMANN has spiritual and moral as well as rationalistic and empirical roots, this would impact not only on the theory, practice, and status of homeopathy, but also on homeopaths' identity, the way they see themselves – in contrast to colleagues of other medical fields. Eventually, a deeper and broader understanding of what homeopathy is may even inspire efforts to remodel medicine at large in a more holistic, non-reductionistic way.

If homeopathy is more than an applied natural science with the object of medical treatment of diseases, how can we become aware of its other layers and dimensions? A short historical retrospect may convey a first impression of the changing and controversial interpretations of what homeopathy stands for.

Homeopathy in changing times

The notion “homeopathic”, meaning “similar suffering”, emerged for the first time in 1807, when SAMUEL HAHNEMANN coined the term to define the new method of rational therapeutics which he had recently suggested to his medical colleagues.²⁰⁷ Thus, homeopathy became an entity on its own, distinguished from any other concept of medicine and defined by characteristic basic principles. The “new school” of medicine spread around the globe, under very different regional and cultural conditions. From the beginning, however, there were issues of principle which were never fully resolved. Since the first major dispute between HAHNEMANN and some homeopaths, including [[157] MORITZ MÜLLER, TRAUGOTT KRETZSCHMAR and others about the limits of the principle of similars in the 1830s, there has been no clear and lasting consensus within the homeopathic community as to what homeopathy really is.

Despite a general agreement on HAHNEMANN’S ‘Organon of medicine’ as the ultimate reference,²⁰⁸ there is great diversity of interpretation by modern homeopaths.²⁰⁹ Since the days of HAHNEMANN the face of homeopathy has changed from generation to generation. Given increasingly rapid succession of new approaches in recent decades, the latest state of the discussion about what should be considered homeopathy cannot be checked in traditional textbooks but in recently published articles or on the Internet.²¹⁰

From a historical perspective, any change of approach or paradigm within homeopathy occurs in close interaction with concurrent changes of social, scientific, and religious conditions. For example, in a postmodern, pluralistic civilization of the 21st century, it seems perfectly plausible to utilize concepts of quantum physics or chaos theory as

models for an explanation of homeopathy, to apply computer repertorization and video supervision as tools for practice and education, and to resort to psychoanalytic concepts to understand the course of disease.

However, what any generation identifies as the essence of homeopathy tells us more about the mentality and values of the respective era or location than about what HAHNEMANN had in mind when he proclaimed homeopathy as a rational and charitable therapeutics. In order not to lose contact with its proper original roots, it may be worthwhile to recall what HAHNEMANN really wanted.

Hahnemann's world

There is no problem in localizing HAHNEMANN'S sphere of activity. He worked in some 25 towns and cities in modern Germany, Austria, Romania, and France. From the time in which he lived, however, we are separated not only by two centuries on a linear time-axis, usually imagined as a line of economic, social, scientific, and technological progress, but rather by different "worlds". To put oneself into HAHNEMANN'S position one must subtract from our present knowledge all the milestones and achievements of modern medicine and, which is more difficult, go back to the time before the establishment of present so-called Western values.

Contrary to the widespread materialism, atheism, and hedonism of modern Western consumer societies, the leading ideas of HAHNEMANN'S world were oriented to the spiritual and moral vocation of man. For HAHNEMANN humans were the noblest beings and created to perfect their emotional, practical, and mental capabilities, and, in so doing, honor God. In this he did not strikingly differ from many cultivated contemporaries. Nevertheless, from his

biography it is clear that his aspiration for higher things was not just opportunistic lipservice but a constant factor, which determined his life and work and to which he adhered faithfully.²¹¹

This strong interest in a spiritual and moral life apparently took first place in HAHNEMANN'S mind and soul and must have been one of the vital impulses for the founding and development of homeopathy. This innocent-seeming statement gains explosive relevance if one considers under what circumstances today people try to justify homeopathy. In HAHNEMANN'S day it was still possible for an educated man to outline a method of therapeutics (or even the new modern science which was emerging at that time) in a way that it was compatible with a good, moral, and fulfilled life. With such a claim, at the time of the Enlightenment, German idealism, and romanticism, one was in best philosophical company. The typical question of philosophers of nature at that time, such as SCHELLING, was: How must nature, spirit, matter, the organic and inorganic, etc. be thought (constructed) in order to – on the one hand unravel the relation of these notions and, on the other hand, enable one to conceive of oneself as a moral and spiritual being?

The starting point was clearly the interest of mind and soul in an intelligible and moral world. The goal was a theory of science or, in Hahnemann's case, the founding of a rational system of therapeutics whose framework was defined by these fundamental considerations.

Today the proportion seems to be just the other way round. Fundamental today is:

- the definition of modern science which dominates faculties of medicine,

- the entanglement of scientific medicine with the pharmaceutical and other high-tech industries,
- the powerful structures of the medical profession and health insurance,
- government policies aimed at reducing costs and increasing efficiency of health care etc.

Is it possible to live, within such a framework, a fair, moral and fulfilled life and to find a niche in the system where homeopathy can exist? The question today seems to be: What do I have to do, how do I have to practice, what do I have to demonstrate, in order to be recognized or at least tolerated by the existing institutions? In such socio-political circumstances, homeopaths strive to prove the efficacy of homeopathic medicines against *placebo* in compliance with pharmacological standards, to outline scientifically plausible hypotheses for the efficacy of ultramolecular dilutions, to document cost reduction with homeopathic treatment, to define the bounds of homeopathy to guard against charges of malpractice, etc.

It seems that the struggle for adaptation to the *status quo* and the meeting of socio-political demands today has taken the same (high) status in homeopaths' inner hierarchisation of values that educated men formerly gave to the creation of a well-ordered spiritual world. Some examples from the development of homeopathy may illustrate this point.²¹²

Hahnemann's doctrine

Today it seems clear that incurable diseases exist. Any person who has such a disease, has bad luck and no chance. Hope for healing is obviously useless, stupid, and naive. Within present day's horizon this view appears obvious, evidence based, and verified in practice.

HAHNEMANN, however, was still able to argue theologically – that incurable diseases cannot exist! To maintain [[158] such an infidel statement, he said, would be blasphemy! With the same certainty, he argued, that there is a wise and kind God there must also be a remedy for each disease! It is for the doctor to find it in each case. So strong was HAHNEMANN’S interest in a world in which he could realize himself as a moral and intelligent physician that he – as he put it – “rather would forswear all medical systems than allow this blasphemy to happen”.²¹³

HAHNEMANN’S semiotic approach to drug provings and case taking is based on the same argument. A modern scientifically educated physician may agree that after the application of a substance in a drug proving on a healthy person certain symptoms occur, and that a given patient has similar symptoms. However, it would be difficult for him to explain why this similarity ought to be the reason that the substance heals the patient. Homeopaths try to identify causal mechanisms or refer to empirical clinical studies which, however, usually do not satisfy the critics. Ultimately, also homeopaths are discontented with such proof. They apply something practically which they are unable to explain theoretically, to themselves or others.

HAHNEMANN, however, had other inner preferences. Higher than his drive to seek explanations of his experiences was his impetus to found a therapeutics in which it was possible to heal with certainty. For him, this was the precondition of medical practice as a moral and spiritual being. Otherwise, he would rather have persevered with forensic medicine, chemistry or writing, as he did for many years before he founded homeopathy.

At this critical point HAHNEMANN argued theologically: First, from God’s love and reason it follows that a reliable therapeutics must exist. And second, since often neither

causes of diseases nor active agents of drugs are discernible, this knowledge cannot be necessary to cure diseases. From these premises it ensues that it must be possible to cure patients exclusively by means of the perceptible: the symptoms of patients and of healthy provers. Hence, diseases have to reveal themselves to those who can see in the symptoms of the disease, while the therapeutic power of substances reveal themselves in the symptoms of the proving.

According to this logic, the principle of similars indeed appears to be the only possible rational and reliable principle of healing. HAHNEMANN'S main concern was thus fulfilled, any further details were minor problems. This does not mean that HAHNEMANN'S homeopathy was nothing but a despairing construction of a quaint aesthete, nor that today's scientific medicine grasps true reality. Both approaches, the homeopathic and the scientific, are projects of honorable physicians, motivated mostly by noble intentions. Neither is absolutely wrong, nor absolutely right. Neither the one nor the other is favored and practised by good or bad people only. The difference rather lies in a small distinction which has large consequences. It is the hierarchisation of the motives which lead to the constitution of a specific healing system.

Philosophical perspectives

At this point it becomes clear that comprehending homeopathy does not only imply medical and historical, but also philosophical perspectives. At the philosophical level one can explore which model of life (or model of therapeutics) makes what sense and costs what price; or which attitudes and aims are more or less suitable to a good life. Neither the nature of man nor the meaning of life are neutral, independent qualities outside the observer.

Since we can never face ourselves objectively but rather are always amidst it, in our own life, we have the freedom to change, by small self-enacted shifts, our whole life. We all know the gigantic effects on our life of ideologies or rethinking processes such as logical positivism, capitalism, socialism, emancipation, ecology, etc. In the realm of philosophy, however, opinions are divided. Yet, despite the dependence on time and site of spiritual movements, in all epochs two main philosophies can be identified: the materialistic and the idealistic. Accordingly, PLATO spoke of the “*gigantomachía perí tes ousías*” (the huge fight about being/essence) among those who wish to explain everything bottom-up or top-down, respectively.²¹⁴ As FICHTE said: “What philosophy one chooses depends on what kind of human one is” – referring to the basic distinction between dogmatism and idealism.²¹⁵ Hence, it is as important to bear in mind HAHNEMANN’S internal dimension, as the external conditions under which he lived and struggled.

Since a philosopher can be understood only when one understands his basic question, the key to a deep understanding of HAHNEMANN’S homeopathy could be his over-riding concern which can be reconstructed approximately as: How is a therapeutics possible which on the one hand permits real cures and on the other hand enables the doctor to conceive of himself as a moral and spiritual being?

Modern science-oriented medicine, however, comes from an almost diametrically opposite tradition. Since the 17th century, the predominating question of science and industry is: How can nature be commanded and dominated most certainly and effectively? Since the time of FRANCIS BACON, scientists and engineers have tried to wrest from nature its secrets with screws and clamps. The results

gained, however, tell more about the questioner than about the questioned.

HAHNEMANN stood at an intersection of conflicting trends. On the one hand, he advocated – especially in his early days – a kind of scientific positivism which made him hope to elevate therapeutics from its status as a “conjectural art” to the rank of a reliable science. On the other hand, in his religious creed still lingered the traditional humility with regard to the possibility of human knowledge: “*Credo, ut intelligam*” (I believe in order to understand, ANSELM OF CANTERBURY, 1033–1109).²¹⁶ HAHNEMANN frankly admitted for instance that he “did not understand” the surprisingly long-lasting effects of high potencies (30c).²¹⁷ Although, whenever possible, he “dared to know” (*aude sapere*), the avowal of ignorance in this case was not the worst case for him. Much worse would have been the impossibility in principle of a therapeutics in which he could practice successfully and at the same time be a moral and spiritual being.

Hahnemann’s view of man

Since homeopathy for HAHNEMANN implied philosophical dimensions, detached from the spiritual and mental [[159] background of its founder, only parts of his homeopathy can be grasped. The most important connecting links or the reconciling spiritual ties were missing. A therapeutics which, for instance, uses artificial electromagnetic fields to modify alleged electromagnetic fields of the patient, would not be homeopathy in the sense of HAHNEMANN, even if the fields were similar!

HAHNEMANN’S homeopathy was founded before the definitive reification of man as a material, biochemical, molecular-biological, cybernetic, quantum-mechanical, or

other reductionistic thing. This is the big difficulty when homeopathy's integration in the scientific mainstream is attempted. On the other hand, it is also a major opportunity to call to mind what mainstream medicine has lost during the last two centuries. In HAHNEMANN'S cosmos of ideas, humans still had an internal dimension which was not considered a mere epiphenomenon of neuronal currents in brain cells. To HAHNEMANN rationality never meant logical sterility but always the inclusion of this inner source of human life. It would have struck him as being most irrational to consider man as entirely explicable by science.

The reification of man, which in science is inevitable, becomes problematic when generalized into a world picture or view of life: a provisional limitation of one's own horizon for the purpose of solution of a specific problem may turn into a global view of man and universe. Philosophically, it makes a huge difference whether, for methodological reasons, I confine my perception, cognition, and language to physical entities and mathematical laws and try to explain as many parts and aspects of the world as possible, on the basis of theses categories, or whether I maintain that the whole world consists of nothing but physical entities and mathematical laws. Because of this naturalistic fallacy most people today simply believe that modern scientific theories and hypotheses such as the big bang theory, the theory of evolution, selfish genes etc. are first-hand descriptions of objective reality.

However, once one has removed from life everything but matter and so-called natural laws, leaving nothing but hard facts and data, it may become impossible to give any reason for ethical behavior, because from "what is" does not follow "what should be". On the other hand, when one recognizes dimensions such as subjectivity, destination,

God, spirit, mind, etc. and their vectorial (intentional) constitution, there may be a base for ethics.

The recognition of the inner dimension and vocation of man, which for HAHNEMANN was a matter of course, today seems more difficult, but no less important. It is an act of freedom but not arbitrary. It should acknowledge a certain constitution of man, not assume it from the outset (as suggested in constructivism). In this way, it could restore to man the wealth of his capacities which are increasingly contested by the triumphant advances of modern science. This should not only to be understood as an act of pure kindness.

Considering the potential dangers of a medicine exclusively based on modern science, manifesting in iatrogenic illnesses, allergies, addictions and deaths, a revision or widening of the narrow scientific view of man has become an ecological task of the first order.²¹⁸

Discussion

Starting from the question “Is homeopathy a science?”, this investigation of the roots of HAHNEMANN’S homeopathy has arrived at perennial issues of philosophy, anthropology, and ethics. At first sight, this may come as a surprise. But if homeopathy were really well defined and had a firm place in the systematics of science or history of medicine, it would probably have been labeled, put into a drawer, and been long since forgotten. One single “crucial experiment” would have sufficed to either discard it for good or to accept and integrate it into mainstream medicine.

But since homeopathy ramifies through many disciplines and many dimensions of human life, it remains a challenge to reflect on the connection of these seemingly disparate spheres. By compelling oneself to go back beyond the last

two centuries of our history of medicine and science, engagement with homeopathy thus offers a rare chance to become acquainted with the, in some respects totally different, world of a prominent physician of those days, from within. If we succeed in transforming its essence and characteristics back into our times, it might broaden our horizon, increase our options, and open up new potential for shaping homeopathy in the future.

If we acknowledge, for instance, that designing a therapeutics in which one can feel at ease spiritually and mentally is as legitimate as curing diseases, we would probably assess the dogmas set up by HAHNEMANN in a milder light. It has been suggested that all the parts of the homeopathic framework where HAHNEMANN argued theologically strike the modern reader as dogmatic. Besides the principle of similars this applies to the semiotics of disease symptoms and proving symptoms or to his strict ban of allopathic supplementary therapies and other issues. The condemnation by HAHNEMANN of the Leipzig “bastard homeopaths” due to their “unhomeopathic crimes” displayed the religious zeal of an indignant soul defending inviolable principles.²¹⁹

Other cornerstones of the homeopathic doctrine were established under less dramatic conditions, rather out of strategic consideration, and HAHNEMANN could be flexible and pragmatic, for instance in his directions regarding single remedies (instead of double remedies) or his interpretation of the treatment of cholera with Camphor as homeopathic instead of antiseptic.

Considering HAHNEMANN’S original interests not only facilitates a better understanding of his uncompromising rigidity on some matters but also of his continuous changes concerning posology. Since questions about doses and potencies, from his point of view, were problems to be

solved empirically and had no consequences of principle to his doctrine, there was little he would not modify to discover the optimum, including the ratio of dilution, number of strokes, interval between prescriptions, degree of potencies, ascending or descending scales, etc.

This can, in addition, help us to elaborate a new criterion for the assessment of who is a genuine homeopath in the Hahnemannian sense. When in a doctor's inner hierarchisation the urge to outline, sustain, and defend a view of life [[160] which allows the physician to conceive himself as a spiritual and moral being takes the first place, he might be considered as belonging to the inner circle of true Hahnemannians. Of course, today many scientific considerations have to be taken into account other than those known to HAHNEMANN. HAHNEMANN'S yearning for scientific insights was strong, but in his inner hierarchisation it may have ranked in second place. Even the necessity of supporting himself and his large family, certainly a powerful motive for his untiring activity, followed in a third place at best.

The hierarchisation here suggested of the main driving forces of HAHNEMANN may furthermore allow a somewhat unorthodox and unexpected assessment of the advocates of modern schools of homeopathy. The crucial question would be: Do they really match with HAHNEMANN'S inner hierarchisation or are his second and third priorities their first?

In debate with mainstream medicine it should be remembered that for HAHNEMANN science was not everything. When faith or credulity in science starts to blind people to other important dimensions of life (e.g. spirituality and morality) and seduces them to the arrogant delusion of being masters and owners of the universe, HAHNEMANN would object. He sensed the dialectics between

scientific cognition and anthropological views. The bigger and more impudent we estimate the capacities of science to know and command nature, the smaller and more one-dimensional the human looks, and the less important and meaningful becomes his individual life. Accordingly, for HAHNEMANN an attitude of awe and self-discipline intensified quality of life rather than impairing it. Today, however, scientists try to measure and optimize it by means of biometrical analysis and technical intervention, instead of looking for where it was lost in the first place.

Obviously, it is convenient to have computer repertories, video data banks, meta-analyses of clinical trials, competition for excellence, and theories inspired by quantum mechanics or psychotherapy, etc. It signifies scientific progress and economic rationalization. For Hahnemannians, however, the question remains: What kind of world do we create when we continue to follow this path uncritically? Do we really want to conceive ourselves, for instance, as a concentric cone whose plane of vibration is shifted by contact with a pellet of saccharose? Or as a conglomerate of delusions from which we will never be liberated entirely and behind which lurks nothingness?

It seems that homeopaths of Western industrialized countries may in fact, and contrary to modernistic mainstream doctors, consider themselves fortunate in having preserved HAHNEMANN as a perennial reference point, lighthouse, or even paradigm of a well-balanced attitude toward the basic questions of life. To be sure, HAHNEMANN appreciated and applied science and economics in his life and practice. But as he saw it, they had a subordinate status rather than being everything.

[Notes]

[[156] * Revised version of a paper presented at the '62nd Congress of the Liga Medicorum Homoeopathica Internationalis' in Puebla, México, on 10 August 2007.

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Merging with the University of California

History of the Homeopathic College and Hahnemann Hospital in San Francisco

In: Medizin, Gesellschaft und Geschichte 2009 (2008); 27: 173-204

Zusammenfassung

Fusion mit der Universität von Kalifornien: Geschichte des Homöopathischen Colleges und des Hahnemann-Krankenhauses in San Francisco

[[173] Die Geschichte der Homöopathie verlief in verschiedenen Ländern höchst unterschiedlich, je nach sozialen, ökonomischen, politischen, religiösen und kulturellen Rahmenbedingungen. In den Vereinigten Staaten von Amerika folgte auf einen beeindruckenden Aufschwung im 19. Jahrhundert ein relativ rascher Niedergang Anfang des 20. Jahrhunderts, wobei sich seit einigen Jahrzehnten ein erneuter Aufwärtstrend abzeichnet. Innerhalb dieses nationalen Rahmens gab es in den USA aber auch regionale Entwicklungen, denen allgemeine vereinfachende Erklärungsmuster und Chronologien nicht gerecht werden. San Francisco/California war zum Beispiel im Vergleich zu Entwicklungen an der Ostküste ein Nachzügler bei der anfänglichen Verbreitung der Homöopathie und dem Aufbau einer entsprechenden organisatorischen Infrastruktur. Im Gegensatz zum Großteil der homöopathischen Institutionen Nordamerikas, die den 'Flexner-Report' (1910) nicht lange überlebten, gelang es jedoch dem 1881 in San Francisco gegründeten 'Hahnemann Medical College of San Francisco' (später: 'Hahnemann Medical College of the Pacific') im Jahr 1916

und dem 1906 eröffneten 'Hahnemann Hospital' im Jahr 1918, mit der 'University of California' in San Francisco (UCSF) zu fusionieren, um so an einer Staatsuniversität auf eigens dafür geschaffenen Lehrstühlen noch zwei Jahrzehnte lang homöopathische Therapie und *Materia Medica* zu unterrichten. Erst nach der letzten Neubesetzung des verbliebenen Lehrstuhls für Homöopathie an der UCSF im Jahr 1936 verlor dieser zunehmend an Bedeutung, bis er 1958 umbenannt und 1967 nicht wiederbesetzt wurde. Gerade in Zeiten der tiefsten Krise der amerikanischen Homöopathie gelang es wiederum in San Francisco einer 1959 von Frauen gegründeten und betriebenen Laienorganisation ('California Women's Homeopathic Association'), durch Fundraising und Stiftungen in den 1970er Jahren Drittmittelforschung in klinischer Homöopathie an der UCSF zu ermöglichen. Wie aber bereits in den 1930er-Jahren erwies sich die Durchführung klinischer Studien allein als nicht hinreichend, um den fortschreitenden Verlust des Stellenwerts der Homöopathie innerhalb der modernen Hochschulmedizin aufzuhalten. Die neuerliche Renaissance der Homöopathie in den USA ist ein (bislang) fast nur von Laien und nicht-ärztlichen *Health Care Professionals* getragenes außer-universitäres Phänomen.

Introduction: Homeopathy in the American West

Some decades ago, homeopathy, after having disappeared almost completely from the medical scene for more than half a century, experienced a renaissance in the United States of America which eventually led to ever increasing shares of the medical market till the present day.²²⁰

Curiously, this [[174] development started on the American West Coast, strictly speaking in San Francisco and

Berkeley/California, where in the 1970s the Greek homeopath GEORGE VITHOULKAS (1932-) had given public lectures (and at the 'California Academy of Science') and had trained a group of new "classical" American homeopaths.²²¹ Meanwhile, the revival of this long-forgotten and -neglected system of healing has covered the whole country, including the East Coast where homeopathy since the 1990s is part of a research program of the 'National Center for Complementary and Alternative Medicine' (at Bethesda/Maryland) which is sponsored by the 'National Institute of Health' with \$ 122 million per year.²²²

Originally, however, homeopathy had made its way through North America in the opposite direction. The first American homeopathic offices were run in the 1820s by German-speaking immigrants in New York and Allentown/Pennsylvania. Shortly after his arrival in Philadelphia, in 1833 CONSTANTIN HERING (1800-1880), a compatriot of SAMUEL HAHNEMANN (1755-1843), established the pioneer organization of homeopathy in the country, the 'Hahnemann Society', and in 1835 founded the first college of homeopathy in the world, the 'Nordamerikanische Akademie der homöopathischen Heilkunst' in Allentown (80 km west of Philadelphia). From there, teachers and graduates of the 'Allentown Academy' spread and multiplied the new doctrine throughout the country.²²³

In the American West, homeopathy arrived about twenty years after its introduction to the East Coast. In California it came on the great wave of immigrants and adventurers that flooded in at the beginning of the Gold Rush in 1849. Contrary to the large number of physicians in San Francisco at that time (physicians came from all schools of medicine and were primarily attracted by the gold mines), early Californian exponents of homeopathy were not

numerous. In 1853 San Francisco had only about six homeopaths. After the 'Union Pacific Railroad' was completed in 1869, however, homeopathy began to flourish on the West Coast. The number of homeopathic physicians in San Francisco rose from fourteen in 1870 to forty-eight in 1885, eighty-eight in 1890, and ninety in 1904.²²⁴ Corresponding to this increase of homeopathy in quantity and relevance, major achievements in organization and professionalization were accomplished.²²⁵

In 1871 the 'California State Medical Society of Homeopathic Practitioners' was founded in San Francisco, followed by the 'Pacific Homeopathic Medical Society of the State of California' in 1874 and the 'California State Homeopathic Medical Society' in 1877. The latter was formally recognized by the state in the amended 'Medical Practice Act' of 1878 which was enacted as an anti-quackery measure that sanctioned exclusively regular, eclectic, and homeopathic medicine. Under these circumstances, the society prospered and by 1885 had enrolled fifty-six members from approximately 200 homeopathic practitioners in California (this society still exists today).²²⁶

The first periodical issued in California devoted exclusively to homeopathy was the 'California Homoeopathic Times' (1877-1878).²²⁷ The main homeopathic journal on the West Coast, however, was to become 'The California Homeopath'. It started in 1882 (in connection with the founding of the homeopathic college) and was edited bi-monthly by WILLIAM BOERICKE (1849-1929). In 1893 its title was changed to 'Pacific Coast Journal of Homoeopathy' under the new editor HUGO EMIL RUDOLPH ARNDT (1849-1913) who again was superseded by WILLIAM BOERICKE in 1910. It was the "official organ of the

state medical societies (homoeopathic) of California, Oregon, Washington, and of the 'Southern California Homoeopathic Medical Society'".²²⁸

After FRANCIS EDMUND BOERICKE (1826-1901), RUDOLPH LEONHARD TAFEL (1831-1896), and ADOLPH J. TAFEL had founded the pharmaceutical company 'Boericke & Tafel' in Philadelphia in 1853 and 1869 respectively, a branch office was opened in San Francisco in 1870 and managed by FRANCIS EDMUND BOERICKE'S nephew, WILLIAM BOERICKE. In 1882 it was sold to WILLIAM BOERICKE and E.A. SCHRECK (?-1886). After SCHRECK'S death, one-half of the interest in the business was bought by E.W. RUNYON (?-1919) in 1890, and the pharmacy was in business as 'Boericke & Runyon' into the 1950s.²²⁹

Background: A concise history of American homeopathy

[[176] Proceeding from its inception in Germany, where homeopathy had been founded by SAMUEL HAHNEMANN in 1796,²³⁰ the spread of the new school of therapeutics throughout the world took its course across the individual countries in many different ways - depending on the historical, cultural, economic, political, medical, social and religious views of the day.²³¹ Compared to Europe, in the United States of the 19th century e.g. the legal opportunities for establishing an organizational infrastructure of homeopathic societies, journals, dispensaries, colleges, and hospitals were quite favourable. Thus, by founding the 'American Institute of Homeopathy' (AIH) as the first national organization of physicians in 1844, homeopathic doctors succeeded relatively soon in professionalizing and ruling a significant portion of the medical market. Threatened by increasing competition,

regular doctors tried to counteract the homeopaths' influence by means of founding the 'American Medical Association' (AMA) in 1847 and enacting a 'Code of Ethics' prohibiting their members any consultation with homeopathic colleagues. While in the first instance these measures rather increased than decreased public sympathy and attachment for homeopathy,²³² they proved to be effective weapons during the second half of the 19th century on battlegrounds such as city hospitals, military service, licensing laws, and state universities. In the 1880s, however, in conjunction with a kind of mutual convergence in therapy, homeopathic doctors did manage to run wards in public hospitals, get admission to the army, or participate in mixed licensing boards.²³³ In order to prevent a further blurring of distinction between homeopathy and "allopathy", in 1881 a minority of orthodox homeopaths founded the 'International Hahnemannian Association' (IHA) – signifying a schism of homeopathy into a puristic and an eclectic school. Within regular medicine, this split was paralleled by the expulsion of the 'New York State Medical Society' from the AMA in 1882 on the grounds of discrepancies regarding collaboration with homeopathic doctors.

The decline of homeopathy in America in the 20th century obviously has many reasons.²³⁴ Apart from major transformations in medical science and the pharmacological industry, one of the key factors for the final blow to homeopathy was the reform movement of medical education at the turn of [[177] the century and its sequels up to the present day. Once new ambitious standards for medical colleges and hospitals – such as full-time faculty, mainstream curricula, and costly laboratories – were made mandatory, many homeopathic schools had to close their doors simply due to lack of sufficient means. On

the other hand, philanthropic foundations – such as the ‘Carnegie Foundation’ (1906) or ‘Rockefeller Foundation’ (1913) – directed their huge donations exclusively towards the construction of modern medical centers at the big renowned universities. When – apart from two (New York and Philadelphia) – all homeopathic colleges had vanished into thin air, a small group of classical homeopaths established the ‘American Foundation of Homeopathy’ (AFH) in 1921 so as to offer at least one postgraduate training for physicians after regular medical school. Since the demand on the part of medical doctors proved to be insignificant, in 1974 the successor organization ‘National Center for Homeopathy’ (NCH) expanded the target group of persons entitled to study and practice homeopathy. Since that time homeopathy in the United States has clearly been dominated by non-medical and lay homeopaths, while the number of homeopathic medical doctors organized in the AIH stagnates at around 100 for the whole country.²³⁵

Within this national framework, localized history of homeopathy took place in various sites – among others in San Francisco. In comparison to other states, however, due to geographical, historical, political, social, and personal idiosyncrasies, California’s history has some peculiarities resulting in interesting time-shifts in the stages and achievements of the homeopathic movement. Although, originally, California was not one of the first in embracing homeopathy, it was after all the ‘University of California, San Francisco’, which housed the last ‘Chair of Homeopathy’ in the United States until 1958. While the bulk of homeopathic colleges and hospitals failed to survive the 1910s, in San Francisco at that time it was still possible for homeopaths to merge their institutions with the state university and to officially teach homeopathy to medical students. As the following account suggests, the special

features of California's history of homeopathy to some extent also came about through unpredictable singularities and contingencies.

Early Homeopathic hospitals in California

The first homeopathic hospital in California was founded in 1854 by FREDERICK HILLER (1820-?) and was called 'Nevada City Hospital'. Unfortunately no sources remained regarding the number of beds or rooms it once had. The building, however, was damaged by fire in 1862 and the hospital was not reopened.²³⁶ The 'San Francisco Surgical and Gynaecological Institute' [178] was then founded and conducted by the members of the 'San Francisco County Society of Homoeopathic Practitioners', but existed only for a short span of time. The 'Southern California State Asylum for Insane and Inebriates' in Patton near Redlands was opened under homeopathic supervision in 1893.

The 'Fabiola Hospital' in Oakland had its origins in the 'Oakland Homoeopathic Hospital and Dispensary Association', founded in 1877 through the philanthropic efforts of CATHERINE E. KIRKHAM (?-1897), the wife of General RALPH W. KIRKHAM (1821-1893), a hero of the Mexican War who, after his retirement from military in 1870, became a prominent Oakland business man.²³⁷ CATHERINE KIRKHAM, known as KATE, served as the hospital's first president. Later she was frequently mentioned as the "FABIOLA of Oakland". The hospital and dispensary were maintained at various sites until the erection of a permanent building in 1888. Although the first building was just a small rented house, in 1910 the hospital association had a tract of two and a half acres on which several commodious buildings for the accomodation of different classes of cases were located. In 1886, however, the name

was changed to 'Fabiola Hospital'.²³⁸ According to the hospital association the renaming was justified by the fact that "the original name implied that only the homeopathic teachings were followed in the care of the sick in our hospital, whereas no restrictions were made as to school, all reputable physicians being welcomed as attendants on the sick within our doors".²³⁹

The 'Oakland Homoeopathic Hospital and Dispensary' was the first hospital – regular or homeopathic – in the East Bay of San Francisco and was founded by eighteen women. Moreover, in an article published in 'The New York Times' in 1910 the 'Fabiola Hospital Association' claimed "the distinction of being the first hospital in this country to be organized and operated [179] entirely by women".²⁴⁰ When it became 'Fabiola Hospital', the new bylaws stipulated that the management of the hospital must only reside in the hands of a woman. The bylaws also stated that there always had to be women physicians employed as staff doctors.²⁴¹ This hospital provided free as well as reduced-rate care for fifty-six years. Due to the difficult economic situation during the Great Depression, however, it was forced to close. In 1932 the land was sold to 'Merritt Hospital', which today resides but a few blocks from 'Fabiola Hospital's' original site. On the day the 'Fabiola Hospital' closed, the 'Oakland Tribune' headline eulogized, "Fabiola Ends Experiment in 'Feminism'".²⁴²

The Homeopathic College of San Francisco

The history of the first and most important homeopathic college in the American West began about half a century after that of the 'Allentown Academy' in Pennsylvania. Probably owing to the geographical isolation and distance from medical centers, in 1881 San Francisco's homeopaths

decided to establish a college of their own. Considering the mounting costs of medical education and the small number of anticipated students, it was rather a bold, brave enterprise.²⁴³

In 1881 the first meeting was held for the purpose of founding and establishing the 'Hahnemann Medical College of San Francisco'. In 1883, JOHN N. ECKEL (1823-1901) and WILLIAM BOERICKE were elected to the board of directors, who then appointed a committee to appeal to every homeopathic physician on the coast, and also to enlist the support of influential laymen.²⁴⁴ In the same year, the first faculty meeting was called at Powell Street, on the corner of Union Square.²⁴⁵ The faculty consisted of professors of anatomy, chemistry, theory and practice, clinical medicine, *materia medica*, gynaecology, obstetrics, children's diseases, ophthalmology and otology. Later physiology, anatomy and histology of the eye and ear, pathology, and venereal and skin diseases were included. It was decided that the faculty was to serve without remuneration.

The 'Hahnemann Medical College of San Francisco' chose for its home a building formerly occupied by the 'University College' and built for a Baptist church, on the corner of Stockton and Geary Street, at the other end of Union Square.²⁴⁶ Here its first course of lectures was held, from June to October 1884. During that time, the college was removed to Haight Street, on the corner of Octavia Street²⁴⁷, to a building formerly used by the medical department of the 'University of the Pacific'²⁴⁸ where it remained for fifteen years. The class was composed of those entering college for the first year and by others who were compelled to go to other medical colleges in San Francisco, because of the lack of homeopathic institutions.

Eventually, a senior class was formed and the first graduation of the 'Hahnemann Medical College' took place in October 1884.

Preliminary to the opening, a dispensary, long in existence and known as the 'Pacific Homeopathic Dispensary', was affiliated with the college thus providing clinical opportunities to the students. According to the 'Annual Announcements of the Hahnemann Medical College', the number of enrolled students varied between ten and twenty-five in these years with a mean number of eighteen students per year. Approximately seven graduated every year. In 1902 the number of alumni had reached 150.²⁴⁹

Following the first graduation, in 1884 an effort was made to obtain clinical facilities at the 'City and County Hospital', but notwithstanding the consent of the 'Board of Supervisors', the municipal medical authorities denied the privilege.

In 1887 the college developed its first hospital enterprise by providing a few beds in a small cottage on Sacramento Street. In order to develop a hospital, however, it became necessary to change the title of the college and to [[181] form a corporation called the 'Hahnemann Hospital College of San Francisco' which continued for several years. In 1888, the 'Hahnemann Hospital College of San Francisco' moved its first small hospital to Page Street, within two blocks of the college,²⁵⁰ thus providing better opportunities for clinical demonstration. However, internal strife, lack of support from professionals throughout the state, the assessment upon the college stock and constant financial depletion of its professors caused a dissension within the faculty concerning the propriety of maintaining the hospital. In addition, antagonism arose in the vicinity and

the hospital was declared to be a nuisance. As a result the hospital was closed.

In 1892 the 'Hahnemann Hospital College' presented a petition to the 'Board of Health' for a ward in the 'City and County Hospital', but to no avail. Then, at least, the plan of affiliation with the state university was first suggested.

When in 1894 the 'American Institute of Homeopathy' decided to recommend a four year course for all homeopathic colleges, the 'Hahnemann Hospital College of San Francisco' at once inaugurated such a program. In each of the four years teaching was conducted for seven months. This placed them far ahead of most Eastern colleges as it was the first college west of Chicago, regular or homeopathic, to fall into line - although it had more serious consequences than for colleges in the East.

The school had always enjoyed a reputation of respectability, and was financially aided by friends. However, medical education grew more and more costly and when the financing of the school became troublesome, the trustees were considering its closure in 1896.

In 1897, a new endeavour was made toward the plan of affiliation with the state university. A petition was presented to the regents of the 'University of California' to merge the 'Hahnemann College' with their medical department. The regular physicians, through their county societies, individual members, resolutions, influence and other means, worked to defeat the proposition. Although it was held in abeyance for some months by the regents, of whom several together with the Governor were favourable toward homeopathy, the proposition was defeated "for economic reasons".²⁵¹

Such defeat, however, stimulated rather than discouraged the homeopaths' efforts towards a home of

their own. In 1898 a subscription list was developed to form a fund for building purposes. \$ 1,750 were raised within a few minutes at a dinner given to the senior class (the first class graduating under the four year's course), about \$ 7,350 were finally pledged through homeopathic physicians in California, and \$ 3,000 were subscribed by the 'Southern Homeopathic Dispensary'. That amount of money was sufficient to [[182] erect what was later mentioned as "a marvel of a building". In 1899 the cornerstone of the college was laid.

The erection of a new building gave great impetus to college affairs. Internal development became marked. A laboratory of physics and physiological chemistry was provided. Great attention was paid to the executive management pertaining to the preliminary education of students and to the financial side of their relationship to the college. In 1900 the dean visited the various medical colleges of the country, to the view of obtaining knowledge of the system of record books and card systems in vogue. Application was made to the regents of the 'University of the State of New York' to become accredited and registered with them, and by conforming to the exactions of that body, this was accomplished. In 1903 the college became registered and accredited with the 'Illinois and Michigan State Boards of Health', after the exactions of its curriculum conformed to the full requirements of these boards.

Started in 1884, for three decades the college operated as an independent medical school graduating approximately seven homeopathic physicians per year, i.e. physicians of equal standard to graduates from regular medical schools. In 1909 the college had a teaching staff of thirty-five instructors, thirteen being professors. Among the most important professors of the 'Hahnemann Medical

College' were JOHN N. ECKEL (1823–1901), SAMUEL LILIENTHAL (1815–1891), WILLIS ALONZO DEWEY (1858–1938), JAMES W. WARD (1861–1939), WILLIAM BOERICKE, and HUGO EMIL RUDOLPH ARNDT. Most of them had either German ancestry or close relations to Germany.²⁵²

The Hahnemann Hospital of San Francisco

Regarding the preliminary hospital which was closed in 1888, no new measures aiming at the creation of a new hospital were taken until 1896, when JAMES W. WARD and FLORENCE N. WARD (1860–1919) directed their influence toward a unification of effort in the organization of an institution known thereafter as the 'Homeopathic Sanatorium'. Initially, it was an association of five physicians, organized for the purpose of creating a sanatorium where all physicians of the homeopathic school were welcome to send patients for personal supervision and treatment. In a rented building at Sixteenth and Capp Street,²⁵³ the institution was opened to the reception of patients in 1896. It had fifteen beds, was equipped with "the latest surgical apparatus from Europe", and its obstetrical room included "a Parisian incubator".²⁵⁴

The movement was developed by each of the five physicians contributing to a common fund of \$ 3,000 in equal proportions. In 1899 the sanatorium moved to larger rented quarters in Central Avenue.²⁵⁵ The institution was more than self-supporting. It collected and gave, as a building fund to the 'Hahnemann Hospital', \$ 3,000 for furnishings, and, in 1904, gave \$ 1,500 toward the current expense account of the College. The unanimous consent of the physicians to all propositions – a feeling and expression maintained throughout the nine years of its existence – was probably the main factor in the upgrading, creating a

sentiment favourable to the larger accomplishment of the 'Hahnemann Hospital'.

In anticipation of the 'Hahnemann Hospital' in 1902 the college realized that its charter did not include the right to maintain a training school for nurses and ability to grant diplomas for them. Hence, a new corporation was formed on a non-stock basis, known as the 'Hahnemann Medical College of the Pacific'. The 'Hahnemann Hospital College' gave up its charter and bestowed its holdings on the new corporation.

In 1901 the elected mayor of San Francisco, a friend of homeopathy, had appointed JAMES W. WARD as a health commissioner to represent the homeopathic school for a term of four (or six) years.²⁵⁶ In 1903, through absolute control of the 'Department of Health of the City and County of San Francisco' and by the election of WARD, president of the commission, the homeopaths succeeded in assigning just representation of their school in the various departments. Accordingly, in 1904 the 'Hahnemann Medical College of the Pacific' was assigned two wards in the 'City and County Hospital'. This comprised various branches of public service under the control of the Board of Health, including the emergency service, the alms house, and care of the public schools.

[[184] JAMES WARD acted with merit during the plague epidemics in the city. This was still attested by ROBERT LANGLEY PORTER (1870-1965) in an interview given in 1960.²⁵⁷ San Francisco had experienced two plague epidemics, 1900-1904 and 1907-1908.²⁵⁸ In 1904, in his report as president of the 'Board of Health', WARD e.g. dealt with the cleaning up of Chinatown by means of using a portable sterilizer and compelling property owners to make their basements and cellars rat-proof. He had also

equipped the homeopathic ward of the 'City and County Hospital' with bacteriological instruments, thus showing his acceptance of bacteriology.²⁵⁹

The cornerstone of 'Hahnemann Hospital' was laid at California and Maple Street²⁶⁰ in 1905. After one year the institution officially opened as an acute care hospital on April 10, 1906 (HAHNEMANN'S birthday). Just eight days later, the great earthquake and fire did considerable damage – delaying the opening until 1907, when repairs were completed.

The hospital was then described as “fully equipped in every particular for service with all modern equipment. It is provided with 130 beds, in every respect the most modern up-to-date hospital on the Pacific Coast.” Part of the state-of-the-art equipment was the “most approved apparatus in the operating pavillion where observation becomes most valuable in teaching the highest points of surgical techniques. An X-ray Department completely equipped, permits teaching of the science of radiography, radiophotography and the administration of high frequency currents. The large wards (medical, surgical and obstetrical) afford ample observation among charity patients”.²⁶¹

[[185] At that time San Francisco had approximately 400,000 inhabitants²⁶² and some 20 hospitals.²⁶³ Since the total number of hospital beds in the city during that period may be difficult to establish, as a reference point for comparison it may be recalled that e.g. 'Letterman General Hospital' started with a 300-bed building in 1902, 'Saint Francis Memorial Hospital' opened a new 100-bed building in 1911, 'Mount Zion Hospital' a new 134-bed building in 1914, 'San Francisco Hospital' a new 512-bed building in 1915, and 'University of California Hospital' a new 220-bed

building in 1917 (after the 75-bed ad hoc hospital, created in 1907 in the 'Medical School' building, was considered by the 'Flexner Report' "not up to University standard").²⁶⁴

Merging with the University of California

Meanwhile, however, the nation-wide movement for the reform of medical education had arrived in full swing. Trying to emulate German pioneering research work (RUDOLPH VIRCHOW, 1821-1902; ROBERT KOCH, 1843-1910; etc.), in 1893 'Johns Hopkins University Medical School' was established and endowed with a full-time faculty and laboratory facilities. Ultimately, it became the outstanding model for American medical education. The joint efforts of the 'AMA Council on Medical Education', founded in 1905, and the 'Carnegie Foundation for the Advancement of Teaching', founded in 1906, towards an assessment of all medical colleges in the country on the basis of the new standard were finally published in a report by ABRAHAM FLEXNER (1866-1959) in 1910.²⁶⁵

In that report, which had a detrimental impact especially on small medical colleges as well as those which catered to minorities, 'Hahnemann Medical College of the Pacific' achieved a fairly satisfactory rating.²⁶⁶ Nevertheless, in 1910 the college and the hospital separated. From that time onwards, the latter was administrated by the 'Hahnemann Hospital Corporation'.

In 1915 negotiations began between the college and the 'University of California, Medical School', regarding a merger of both schools. In 1916, both parties finally agreed on what was called "California's great adventure". The property of the college was transferred to the university which in return established two professorships, one for 'Homeopathic Materia Medica' and [186] one for 'Applied

Homeopathic Therapeutics'.²⁶⁷ To the former WILLIAM BOERICKE from San Francisco was appointed in 1915,²⁶⁸ to the latter in 1917 ANSON HILL from New York.²⁶⁹ However, after drastic cuts in their salaries (from \$ 3,000 to \$ 600 and from \$ 3,200 to \$ 1,200 per year) in 1920/21,²⁷⁰ both professors resigned. Successor of the former became his son GARTH WILKINSON BOERICKE (1893-1968) who came from Philadelphia in 1921/22,²⁷¹ the latter position was occupied by THOMAS MCGAVACK in 1926 and PAUL WYNE in 1927.

In 1918 another agreement was enacted between the university and the 'Hahnemann Hospital Corporation'. In 1919 the hospital's property was transferred and conveyed to the regents who in exchange should continue the hospital under the name 'The Hahnemann Hospital of the University of California', without any discrimination "against homeopathic physicians, patients, practice or treatment".²⁷² This affiliation with the university, however, ended in 1930. More stringent post-earthquake fire ordinances deemed the original facility hazardous to use, and the economic difficulties of the early 1930s created an insurmountable liability. In 1931 the old structure was demolished by the 'Hahnemann Hospital Corporation', and a new one built in 1941 on the original site. It had a capacity of seventy-five beds providing private, semi-private, and ward accommodations. However, there was no training school for nurses.²⁷³ It continued to function as a general, short term, acute care hospital, with eighty-eight beds, until 1971.²⁷⁴ Then a second new facility, with 151 beds, was erected on the same site. In acknowledgement of one of its main contributors, in 1975 the institution was renamed the 'Marshal Hale Memorial Hospital'. Thus, the name of HAHNEMANN was completely extinguished.²⁷⁵ In 1988 it merged with the 'Children's [187] Hospital' to

become its 'East Campus', which in 1991 merged with 'Presbyterian Hospital' to form the 'California Pacific Medical Center'.²⁷⁶ Probably since the 1960s or 1970s homeopathy has not been practiced any more in the hospital. Although in 1997 the 'Institute for Health & Healing' opened a clinic at the 'Pacific Campus of the California Pacific Medical Center' to integrate complementary therapies in a major medical center, there is no evidence that anyone of the clinic team, that consists of "integrative physicians", psychotherapists, acupuncturists, etc., practices homeopathy.²⁷⁷

Similar developments took place at the 'Department of Homeopathy' at the 'University of California, Medical School'. As in 1920/21, the salaries of the two homeopathic professors were once again cut significantly in 1933 (from \$ 1,500 and \$ 1,200 to a total of \$ 900 per year) on the grounds that the income of the 'Homeopathy Teaching Fund', transferred to the university in 1916, was less than \$ 1,000 a year. Any difference – hitherto charged to the budget for the 'Medical School' – would no longer be justified since neither of the professors devoted his chief attention to the work in that school. In addition, they would not have academic qualifications of professorial rank.²⁷⁸ As a result, in 1934 McGAVACK resigned.²⁷⁹ He pointed out that he was compelled to earn his living mainly by practicing in his own office and charged the university with non-cooperation during his research activities.²⁸⁰

On the part of the university, however, not everybody was an opponent of homeopathy. President ROBERT G. SPROUL (1891–1975) e.g. wrote that he had "[188] "sympathetic interest in homeopathy",²⁸¹ Dean LANGLEY PORTER had "a real and abiding affection" for a prominent homeopath (JAMES W. WARD),²⁸² HERBERT C. MOFFIT (1867–1952) was

said to have called a homeopath for consultation,²⁸³ and some perhaps were even patients of homeopaths.²⁸⁴ Moreover, in view of future donors, it definitely did not seem appropriate to repeal the agreement of 1916 after less than two decades. Nevertheless, in the new negotiations between the two parties in 1935, exactly this decision was at stake.²⁸⁵

Had not OTTO E. GUTTENTAG (1900–1992), a German-Jewish immigrant, come to San Francisco, possessing exactly those academic qualifications the university was demanding, the revised agreement of 1936 between the ‘University of California’ and the ‘Hahnemann Medical College of the Pacific’ would not have been achieved.²⁸⁶ So GUTTENTAG in 1936 became full-time ‘Assistant Professor and Chair of Homeopathy’ and in 1940 ‘Associate Professor and Chair of Homeopathy’.²⁸⁷

GUTTENTAG was born in Stettin (Pommern/Germany) in 1900 and had studied in Marburg, Jena, Heidelberg, Berlin, Munich, and Halle where he graduated in 1926. He became private assistant to FRANZ VOLHARD (1872–1950), an internationally renowned kidney specialist, and was also trained in biochemistry and pharmacological methods. Being asked one day by VOLHARD to abstract a paper by AUGUST BIER (1861–1949) on homeopathy²⁸⁸ which was published in 1925 for the ‘Archiv für Innere Medizin’, GUTTENTAG was prompted to investigate further into this field. Hence, in 1927 he took a [[189] course of homeopathy with ALFONS STIEGELE (1871–1956) at the ‘Homeopathic Hospital’ in Stuttgart and also studied with the homeopaths FRITZ DONNER (1896–1979) in Berlin and KARL KÖTSCHAU (1892–1982) in Jena to some extent. Eventually VOLHARD even allowed GUTTENTAG to carry out studies on

homeopathic treatment of patients in his medical clinic at the 'University of Frankfurt'.²⁸⁹

In 1933, on recommendation of his friend KARL KÖTSCHAU, GUTTENTAG came to San Francisco to become director of the research laboratory of the 'Homeopathic Foundation of California'. In 1936 the 'Chair of Homeopathy' was created for him at the 'Department of Medicine'. Over the next fifteen years, however, GUTTENTAG gradually shifted his interest in homeopathic medicine toward studies on theoretical and philosophical aspects of medicine,²⁹⁰ including reflections on historical perspectives of homeopathy.²⁹¹ In 1942, during the national emergency, he offered to discontinue his elective course in homeopathy but because of the contractual obligation to the 'Hahnemann Medical College of the Pacific' this intention proved to be difficult to accomplish.²⁹² GUTTENTAG became a pioneer in the field of medical ethics rather than in homeopathy. In 1951, at one of the first sessions held at the 'University of California' to deal with the problems of experimentation on human subjects, he delivered the key speech.²⁹³

In 1958 GUTTENTAG applied for full professorship. To this purpose, however, the 'Hahnemann Medical College of the Pacific' had to agree with the university's condition to change the title of the professorship to 'Samuel Hahnemann Professor of Medical Philosophy'. The argument was that homeopathy meanwhile was too small a field to justify a full professorship. Thus, after the remaining representatives of the 'Hahnemann Medical College of the Pacific' had agreed on that change of title, the name "homeopathy" was extinguished from the 'University of California'.²⁹⁴

[[190] In 1962 GUTTENTAG became full Professor and in 1967 Emeritus or Lecturer Emeritus respectively. In 1990 he retired and in 1992 he died. From what he said, he had never had many students. Not any of them had become a known homeopath.²⁹⁵ Nevertheless, he is said to have convinced several faculty members of the significant contributions of homeopathy to medicine as a whole.²⁹⁶ The original 'Homeopathy Teaching Fund' of \$ 20,000 which in 1916 the university had received as endowment for the 'Chair of Homeopathy' meanwhile has been transferred to the 'Department of the History of Health Sciences', for visiting lectureships on the history of homeopathy.

Since after 1972 the 'Hahnemann Medical College of the Pacific' was abandoned by its members, FREDERIC W. SCHMID (1917-1984), a German homeopathic physician who had settled in San Francisco in 1952, tried to revitalize it. He was born in Strassburg in 1917 and had graduated at Heidelberg in 1946. Within American homeopathy he held numerous positions, such as 'President of the American Institute of Homeopathy', 'President of the California State Homoeopathic Society', 'Secretary-Treasurer of the San Francisco County Homoeopathic Medical Society', etc. By paying the 'Hahnemann Medical College of the Pacific's' overdue taxes of previous years in 1982, FREDERIC SCHMID eliminated its old 'Board of Directors' (including GUTTENTAG) and thus became President of the organization. In this position, after lengthy negotiations, in 1983 he succeeded to teach homeopathy at the 'University of California, San Francisco' - once a month, usually on Tuesday evenings. In May 1984, however, he died of a heart attack.²⁹⁷

Lay contributions to homeopathy

Although homeopathy never played a significant role within the university, even in the middle of the 20th century – at a time when homeopathy in America reached its bottom – it was supported by a considerable part of San Francisco’s population. One of the major lay organizations of the city was the ‘California Women’s Homeopathic Association’, an offspring of the ‘National Women’s Homeopathic League’. It was founded in 1959 by ELSA K. ENGLE (1895–1994), the driving spirit through all the thirty years of its existence, with the purpose “to advance and encourage the cause of homeo- | [191] pathy”.²⁹⁸ Through several fundraising activities the originally 150 members gathered a substantial amount of money.²⁹⁹

GUTTENTAG turned out to be the middle-man between the association and the university, advising and helping them in establishing several funds at UCSF. In 1974, \$ 20,000 were presented to the School of Pharmacy for a biennial ‘Samuel Hahnemann Lectureship in Correlative Pharmacology’.³⁰⁰ In 1980, \$ 30,000 were given to the ‘School of Medicine’ for ‘Research on the Delineation of Hahnemann’s Simile Phenomenon’.³⁰¹ In 1983, \$ 17,000 were offered for a ‘Scholarship for Student Research in the Field of Clinical Homeopathy’,³⁰² and in 1990 another \$ 17,500 were donated by Mrs. ENGLE to the ‘School of Pharmacy’ for ‘Scholarly Studies in the Field of Clinical Homeopathy’.³⁰³

ELSA ENGLE’S family history, which I had the opportunity to unravel through personal interviews with her in 1989, 1991, and 1992, almost paradigmatically sheds a light on the complex personal background of the homeopathic movement over one century.³⁰⁴

ELSA’S grandmother, MARIA BECK (?–1898), had thirteen children, five of which died in infancy. All were born in

Oberachern (near Baden-Baden/Germany). In the 1880s, the whole family emigrated to America and finally landed in Santa Cruz, California. Still in New York, daughter SOPHIE BECK married ANDREAS KÖPPEL who also came from Oberachern. After moving to Santa Cruz, their child ELSA KÖPPEL was born in 1895. When her mother SOPHIE died in 1902, ELSA, at the age of seven, first lived with her aunts in Santa Cruz, and after 1907 with her cousin HEDWIG ENGLE in San Francisco.

[[192] HEDWIG was the daughter of ELSA's aunt JOSEPHINE BUSS. HEDWIG BUSS was born in Germany where she got a scholarship of the duchess of Baden-Baden to attend a catholic school, and later acquired a Bachelor of Arts degree at Stanford. Eventually, she taught French and German at the 'University of Nevada'. In 1903 she married HOWARD M. ENGLE (1874-1952), a homeopathic physician.

HOWARD ENGLE's ancestors, on the other hand, were Huguenots who emigrated to the States in 1695. Howard was born in Pennsylvania in 1874 and attended 'Franklin & Marshall College' in Lancaster, Pennsylvania. He became a doctor when his younger brother BRUCE ENGLE was born in 1891. At his delivery a homeopathic physician helped his mother HARRIET ENGLE with great success, so that HOWARD transferred into 'Hahnemann Medical College of Philadelphia'. There he graduated aged twenty-one. He practiced homeopathy in Wichita, Kansas, but after having contracted malaria he moved to California where his elder brother had settled in Berkeley. In 1897 HOWARD ENGLE established a practice in Santa Cruz, where ELSA and her relatives lived. ELSA's aunt KATHRIN (married to the brewer AUGUST PETER in 1891) was suffering from an intercostal zoster, and her grandmother MARIA BECK was suffering from cardiovascular disease and depression. Both were relieved

by HOWARD ENGLE'S treatment, which converted the whole family to homeopathy.

HOWARD ENGLE became associated with PETRIE HOYLE (1861-1955), an Englishman who had graduated from 'Hahnemann Hospital College of San Francisco'. After the latter went back to England, HOWARD took over his practice in San Francisco. In 1900 he began to practice in Geary Street, in 1906 he moved to Central Avenue, in 1907 to Filbert Street, and in 1917 to Sutter Street where he had an office in the Galen Building (one block from Union Square) until he died in 1952.

Thus, from the time when ELSA KÖPPEL started to live with her cousin HEDWIG in 1907 (who then had been married to HOWARD ENGLE for four years) she got involved with homeopathy. Since ELSA only went as far as the fifth grade at school, HEDWIG taught her. HOWARD gave her a copy of WILLIAM BOERICKE'S 'Pocket Manual of Materia Medica'. Although HEDWIG and HOWARD ENGLE divorced in 1916, ELSA worked in HOWARD ENGLE'S office as long as he lived. In 1918 she married HOWARD'S younger brother BRUCE ENGLE (1891-1979) who became 'Chief of the Dairy and Milk Divisions' of the 'San Francisco Health Department'. Originally he should have become a doctor too, but because of lack of means first joined the US Navy and finally was employed in a dairy company. After a shared married life of sixty-one years, in 1979 BRUCE ENGLE died. In January of 1994 ELSA followed him, one month before her ninety-ninth birthday.

ELSA ENGLE had many offices and functions. As secretary she was connected with the 'Board of Directors' of the 'Homeopathic Foundation of California', the 'Hahnemann Hospital Corporation', the 'Hahnemann Medical College of [[193] the Pacific', the 'California Women's Homeopathic Association', etc. In addition, she exercised her influence

on homeopathic physicians individually. While JAMES W. WARD e.g. was strictly against any association with “allopathic” medical societies, ELSA ENGLE advised HOWARD ENGLE to do the contrary. He then joined the ‘San Francisco County Medical Society’ and the ‘American Medical Association’.³⁰⁵

The story of ELSA ENGLE displays almost paradigmatically typical features of the homeopathic scene of the last century. On the one hand we see the diversity of origins of the main players, the imponderableness of the immigration dynamics, and the contingencies of meeting with new people, on the other hand the conversion to homeopathy, not out of theoretical speculation, but rather on account of individual experience such as the cure of close relatives, the association and cooperation for the cause of homeopathy in spite of personal obstacles such as divorce or the like, and the possibility of a career in institutions even without regular formal education. Eventually, it turns out that in order to understand the decisions and politics of well-known (male) homeopaths sometimes it may be worthwhile to study the influence their little known (female) collaborators exercised on them.

Therapeutical practice by homeopathic doctors

Exceeding a history of organizations, institutions and biographies by trying to study the former homeopaths’ actual therapeutics, i.e. what they really did rather than what they confessed, proves to be a major challenge.³⁰⁶ All the more gratifying it was that, regarding this topic, again ELSA ENGLE turned out to be an invaluable source of oral history. Born in 1895, she was an eyewitness to the therapeutic behaviour of doctors from the turn of the century till the early 1990s.

According to what she remembered, the homeopaths she dealt with “mainly and mostly used low potencies: 3x, 6x, 12x, and 30x,” chiefly from ‘Boericke & Runyon’.³⁰⁷ They were “not tiny little pills” as nowadays, but “nice little discs” from the size of a white headed pinhead to half a fingernail. Usually, patients had to take them two, three, or four times a day. Also drops were used. In typhoid, small pox, and diphtheria e.g. they put drops in half a glass of water, and stirred it well before they took it. Especially “in the old days”, i.e. in the 1880s and 1890s, homeopaths were said to be “[194] “really interested” in their patients, to take their time with them, nay to come to see them every day, to stay about one hour at the sick person’s house. They used to charge \$ 3.50 for a house visit, and \$ 2.50 for a consultation in the office.³⁰⁸ For comparison: In 1904 a homeopath with “one of the finest practices” in Boston was netting \$ 12,000 per year,³⁰⁹ and in 1915 a graduate nurse charged \$ 25.00 per week at ‘St. Luke’s Hospital’ in San Francisco.³¹⁰ On the other hand, e.g. the subscription price for the ‘San Francisco Directory’ was \$ 10.00 in 1915,³¹¹ while KENT’s ‘Repertory’ was \$ 20.00 in 1941.³¹²

Nevertheless, ELSA ENGLE also saw “good results from high potencies”. When she was sixteen years old, she had a neuralgia that came on at 10 a.m. and lasted till 3 p.m. *Natrium muriaticum* 30c, one dose, gave her “relief quite right away and it never returned”. When she suffered from “a mouthful of red blisters” she once took a 200x with good results, and during her menopause *Lachesis* 30c gave her relief.

Contrary to the old physicians, according to ENGLE’s account, the “new” homeopaths of the Bay Area, mainly pupils of VITHOULKAS, are claiming to “cure everything with one dose” of a high potency. In reality, however, as she had

heard from friends who had consulted them, they could not even give them relief.³¹³

Research on homeopathy

Having merged with the 'University of California, Medical School' in 1916, the representatives of the 'Hahnemann Medical College of the Pacific' were forced to teach homeopathy in close vicinity to regular medicine. Hence, in [[195] order to explain the principles of homeopathy to regular medical students, the instructors tried to proceed from the "common sense" of regular medical methodology. Thus, scientific research on homeopathy seemed to be fundamental.³¹⁴

In Germany, in the 1920s and 1930s (starting with BIER'S publication in 1925) homeopathy experienced a resurgence and much work was done there to investigate the basics of homeopathy scientifically. Hence, the same was intended at San Francisco. In 1923 the 'Homeopathic Foundation of California' was launched and in 1929 under its auspices a 'Research Committee' was appointed. In 1932 HILARIO G. MARQUEZ was appointed 'Director of the Research Department', and when in 1933 OTTO GUTTENTAG arrived he was made Co-Director. From 1933 to 1937 the 'Foundation' ran a journal called 'The Laboratory' where twice a year reports of ten scientific sections were published, including news-notes of homeopathic advancements abroad.³¹⁵ Basic essays of outstanding homeopaths such as ALFONS STIEGELE, FRITZ DONNER, KARL KÖTSCHAU, and ERNST BASTANIER (1870-1953) were even entirely reprinted in German.³¹⁶

Since 1932 various research studies were conducted at the 'Homoeopathic Division of the University of California Medical School': on cerebro vascular accidents, pyorrhea alveolaris, blood fat, immune phenomena produced by

crystallized substances, drug provings, the 'Henshaw Blood Serum Flocculation Test', and the effectiveness of various agents in burns.³¹⁷

In the 'Pacific Coast Journal of Homoeopathy', published by the 'California State Homeopathic Medical Society', from 1930 to 1933 a new heading was introduced: 'Medical Literature and Abstracts'. It was divided into the departments of 'Medicine', 'Obstetrics and Gynecology', 'Dermatology and Syphilology', 'Surgery', 'Ophthalmology', 'Rhinology and Laryngology', 'Pathology and Bacteriology', 'Radiology and Physical Therapy', 'Neurology', etc. These abstracts were extracted from regular medical literature. Thus, MCGAVACK who conducted 'Medicine' always reported latest achievements in diagnosis and treatment, e.g. of heart disease, hypertension, diabetes, goiter, anemia, obesity, cholesterin, and outlined current developments in research on endocrinology, parasites, immunity, etc. In regard to these reports, there was no difference to regular medical journals.

Likewise, from 1933 to 1940 S.W. STAADS regularly reviewed German medical books. written e.g. by OTTO LEESER (1888-1964), BERNHARD ASCHNER (1883-1960), JOSEF SCHIER, OSWALD SCHLEGEL (?-1963), BENNO SCHILSKY, etc., under the heading 'Abstracts from Current German Literature'. He also provided excerpts from articles of the major German (homeopathic) journals, such as 'Allgemeine homöopathische Zeitung', 'Deutsche Zeitschrift für Homöopathie', 'Allgemeine Zeitschrift für Homöopathie', 'Neue Homöopathische Zeitung', 'Leipziger Populäre Zeitschrift für Homöopathie', 'Hippokrates', 'Biologische Heilkunst', 'Heilkunst der Gegenwart', 'Deutsche Zahnärztliche Wochenschrift' and 'Fortschritte der Medizin'.

In 1940, however, according to the editor CHARLES C. BOERICKE there was too little interest shown in the journal, neither from the physicians, who sent no articles, nor from the laity, whose subscriptions were dwindling. Thus, it was found impossible to publish a journal of that size and quality any longer.³¹⁸ In the succeeding journal it was reasoned that the homeopaths' future efforts should "turn rather towards winning a greater public and creating a wider need of homoeopathy" than trying to "get recognition of official science and orthodox medicine" by means of research.³¹⁹

Conclusion

It was argued that Kentianism, i.e. homeopathic practice according to JAMES TYLER KENT (1849-1916) which was predominant in the Eastern parts of America at the beginning of the 20th century, was one of the major reasons for the decline of homeopathy in the United States. Through the exclusive recognition of strict Hahnemannianism and neglect of new scientific achievements in regular medicine – so the argument – the gap between the two schools grew wider and wider.³²⁰

In the American West, however, this was not the crucial problem. Contrary to sectarian attitudes in the Eastern centers, such as 'Hering College of Homoeopathy' or 'Dunham Medical College of Chicago',³²¹ 'Hahnemann Medical College of the Pacific' tried to integrate homeopathy into the curriculum of the 'University's Medical School'. After the merger of the two schools, during the 1930s considerable research was conducted to prove the claims of homeopathy with scientific methods. This endeavour was obviously due to the influence of German homeopaths of a more critical line prevailing in

Germany at that time. Nevertheless, homeopathy declined equally in the Western States. When GUTTENTAG'S 'Professorship and Chair of Homeopathy' [[197] was renamed and ultimately abolished in 1958, however, it was the last one of that kind in the whole country.

The present-day renaissance of homeopathy which mainly emerged from the West Coast, paradoxically, has more similarity with Kentianism than with its own scientific-critical tradition in California. The majority of the "new" homeopaths, however, are not medical doctors but other kinds of health care professionals, and there seems to be little interest or ability to bridge the gap to regular medicine. The "new" homeopathic clinics, on the other hand, such as the 'Hering Clinic', which was founded in 1977 at Berkeley and from which in 1985 the 'Hahnemann Medical Clinic' arose, which in 1992 expanded and moved to Albany/California, despite their suggestive names are private medical offices and not hospitals in a strict sense.³²²

In conclusion, the course of the history of homeopathy in the United States of America suggests that the rise, decline, and persistence of homeopathy was and is much less due to results of clinical trials or laboratory research work but rather to an interplay of various external factors, such as subprofessionalization, criticism of medicine, expansion of the medical market, patients' interest in communicative medicine, etc. However, the present popularity of homeopathy in many of the world's countries indicates that its history has not yet been completed.

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Is homeopathy a science?

Continuity and clash of concepts of science within holistic medicine

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Abstract

[[83] The question of whether homeopathy is a science is currently discussed almost exclusively against the background of the modern concept of natural science. This approach, however, fails to notice that homeopathy – in terms of history of science – rests on different roots that can essentially be traced back to two most influential traditions of science: on the one hand, principles and notions of Aristotelism which determined 2,000 years of Western history of science and, on the other hand, the modern concept of natural science that has been dominating the history of medicine for less than 200 years. While ARISTOTLE’S “science of the living” still included ontologic and teleologic dimensions for the sake of comprehending nature in a uniform way, the interest of modern natural science was reduced to functional and causal explanations of all phenomena for the purpose of commanding nature. In order to prevent further ecological catastrophes as well as to regain lost dimensions of our lives, the one-sidedness and theory-loadedness of our modern natural-scientific view of life should henceforth be counterbalanced by lifeworld-practical Aristotelic categories. In this way, the ground would be ready to conceive the scientific character of homeopathy – in a broader, Aristotelian sense.

Keywords

Homeopathy, science, modern natural science, Aristotle, Hahnemann

Introduction

During the last century, modern scientific medicine has undoubtedly succeeded not only to prevail economically on the global medical market and to control politically the medical education, infrastructure, and health systems of all industrialized countries of the world but also to convince the majority of enlightened people to consider it as the only true and scientific type of therapeutics. All the more it must be perceived as a kind of disconcerting puzzle that irrespective of such an ostensible success story, a considerable portion of the [84] population nevertheless seems to dissent, denying the unanimous and exclusive acceptance of modern scientific medicine's monopoly. Especially in recent decades, more and more alternative therapeutic systems have been rediscovered and advocated by a growing community of self-reliant patients and health care professionals – to the dismay of conventional doctors trained at regular medical schools. For example, homeopathy, a 200-year-old system of medicinal therapeutics, is currently practised – at least occasionally – by 45–75 % of general practitioners in Europe, where some 30 million people use homeopathic medicine. In India, the number of homeopathic practitioners is estimated at half a million, and in the United States, sales of homeopathic products were \$ 400 million in 1999, while the global market for homeopathic medicines was considered to be worth \$ 2 billion in 2007.³²³

Historically, homeopathy was founded in Germany in 1796, spread to America in the 1820s, became the major antagonist of the constitutioning process of modern

scientific medicine in the 1840s (when the AMA was set up in 1847 as a means of opposing competition from homeopathy), and witnessed its heyday in the United States at the turn of the century (when 10-15 % of all medical doctors of the country were graduated from homeopathic colleges). Eventually, it endured a political, economic, and personnel decline in the first, passed a slack period in the second, and enjoyed a revival of popularity in the last third of the twentieth century.³²⁴ There was never a time when homeopathy was completely abandoned and detached from people's adoption, adherence, and recognition. In fact, up to the present day, some of its advocates claim that homeopathy is the only true and legitimate science of therapeutics.³²⁵

From the view of modern scientific medicine, however, such a claim can by no means be considered correct. On the contrary, it is argued that the modern concept of science requires strict compliance with methodological standards such as objectifiability, quantifiability, reproducibility, and falsifiability and that scientific medicine has to prove its statements by means of randomized controlled clinical trials. Since homeopathy seemingly fails to come up to these gold standards, its healing effects have to be classified as “nothing but *placebo*”.

As a matter of fact, homeopathy is based on principles incompatible to the reductionistic causal-analytical approach of modern scientific medicine, and thus, inevitably, must turn out to be refractory to attempts of comprehending or testing it within a conceptual framework alien to its nature. For instance, the principle of similars (“treat likes by likes”) demands from the prescriber of a remedy, on the one hand, a symptomatological knowledge of the effects of medicinal substances on healthy human

volunteers and, on the other hand, a careful investigation of the actual symptoms of the patient, in order to select for each patient a remedy which is known for its evoking of symptoms in healthy humans most similar to the symptoms of the patient. Another basic principle of homeopathy, often called principle of infinitesimals, challenges the prescriber to choose the smallest dose of the remedy that is still sufficient to cure the patient. This is accomplished through successive dilutions, triturations, and succussions of medicinal substances or mother tinctures. However, this procedure of dilution, when repeated more than a dozen times, regularly leads to the intriguing fact that, through homeopathy, people are evidently cured by (or after) taking ultramolecular dilutions that, according to modern scientific theory, are calculated to contain not even one molecule of the original substance.

Given its effectiveness in at least a confined portion of diseases, the advantages of such a system of healing were numerous: from the needlessness of animal experiments, the holistic approach to human individuals, and the inexpensiveness of rare doses of tiny pellets, to the absence of side-effects or the risk of addiction, of teratogenic damage, iatrogenic harm or death, and its applicability in pregnancy and childhood. Nevertheless, to be sure, responsible homeopathic doctors are well aware that homeopathic cures are limited to [85] functional, dynamic diseases where irreversible organic changes have not yet occurred.³²⁶ Auspicious benefits like these may explain a good deal of homeopathy's continuous attractiveness and good anchorage in society.

Regarding its status as a science, however, besides the notorious refusal of recognition on the part of modern scientific medicine, the homeopathic community still has another perennial problem unsolved within its own ranks.

After the term “homeopathic” was coined by SAMUEL HAHNEMANN (1755–1843) in 1807,³²⁷ under this newly created notion, homeopathy constituted itself as an entity (substantiality) and from hence could enter upon an impressive career throughout history and around the world. In fact, in 1898, the United States counted 127 homeopathic societies, 31 homeopathic journals, 57 homeopathic dispensaries, 140 homeopathic hospitals, and 20 homeopathic colleges – out of which ‘Hahnemann Medical College’ continued to exist as the ‘Hahnemann University’ in Philadelphia, keeping its original “sectarian” name till the end of the twentieth century.³²⁸ Some hundred years later, however, around its 200th name day (2007) under different social, economical, and political conditions, the definition of homeopathy is seriously discussed and put into various contexts. As the debate set off by JULIAN WINSTON (1941–2005) and others shows, the brand-name “Homeopathy” meanwhile has been made claim to by so many different groups and approaches that it has become difficult to find a common denominator for all peculiar currents or to comprehend a specific meaning under the different usages of the word. The present spectrum ranges from a constitutional cellular-pathological doctrine of miasms elaborated by PROCESO SÁNCHO ORTEGA (1919–2005), an electro-magnetic doctrine of resonance and essences advocated by GEORGE VITHOULKAS (1932–), and a psychological doctrine of delusions conceived by RAJAN SANKARAN (1960–) to a Thomasian doctrine of miasmatic guilt-dynamics developed by ALFONSO MASI-ELISALDE (1932–2003) and a speculative doctrine of group-characteristics of the elements of the periodic system invented by JAN SCHOLTEN (1951–).³²⁹

A corollary of the actual confusion about homeopaths’ self-definition and professional identity – which brought

forth an ample collection of controversial literature³³⁰ – is a revival of the same old fundamental question that has occupied homeopaths since the beginning: Is homeopathy a science, and, if so, what kind of science? At the moment the spectrum of answers stretches from the thesis that homeopathy belongs to the hermetic-esoteric tradition of alchemy or shamanism and would be well advised to admit it and cease trying to define itself as a natural-scientific medicine³³¹ to the claim of homeopathy being the only form of medicine able to keep up with the modern ideal of science in the sense of *a priori* certain and mathematical knowledge.³³² Between these two extreme points of view, other opinions can be found, such as that a future, evidence-based homeopathy could bring the breakthrough of being recognised as a science,³³³ or the standpoint that, as a practical-therapeutic science, homeopathy has to prove its worth in practice with individual cases only and refrain from controlled clinical trials or the like.³³⁴

The reason why disputes of this kind – about the relationship between homeopathy and science – are so long-lived and difficult to solve is, that the notions have a history of hundreds or thousands of years and comprise many traditions and meanings. It may therefore be helpful to take a step back and try to bring to mind what these terms actually mean and what they should be: science and homeopathy.

Science

“Science” (Greek: *epistḗmē*) is, without doubt, a concept invented by the ancient Greeks, in the sense of rationally founded knowledge. If, in prehistoric times, there were, roughly [[86] speaking, in all cultures two lines of propagation of knowledge, one being the technical transfer

of practical experiences and craftsmanship, the other being the intellectual transmission of religious ideas and rules, in Greek antiquity, philosophy emerged as a synthesis of the two traditions of handcraft and priesthood.³³⁵ First and foremost, PLATO and ARISTOTLE tried to bring all practical and theoretical questions and problems into a system of rational definitions, phrases, and conclusions and thus explicate them in a reasonable manner. However, the cognition-leading interest in all antiquity and the middle ages – as opposed to the present – referred to the “what” and “what for” of the observed phenomena, i.e. to their ontological and teleological (goal-oriented) dimension. With ARISTOTLE, the all-embracing and most influential thinker and researcher of the occident, science consisted in bringing to mind and disclosing meaningful structures and processes within the scope of an eternal world order. Although his definitions and examples derived from handcraft and everyday experience, scientific activity in his sense culminated in the so-called “*theoría*”, a gratifying entitative vision for the sake of itself, that was indeed considered to be the highest form of “*práxis*”.

Occidental thinking more or less persisted within this scope for 2,000 years, until, in the wake of major political, religious, social, and economical changes (renaissance, reformation, discovery of America, etc.), a new interest of cognition broke its ground. From the seventeenth century – as opposed to antiquity – cognition was aimed almost exclusively at the question of the “how” and “whereby”, i.e. the functional and causal explanation of phenomena. The background to the all-embracing new foundation of science by FRANCIS BACON (1561–1626), GALILEO GALILEI (1564–1642), and ISAAC NEWTON (1642–1727) was the now awakened and henceforth, dominant interest in the manipulation and command of natural processes and

objects. This was formulated in the seventeenth century paradigmatically by FRANCIS BACON in his expression, “knowledge is power”; by RENÉ DESCARTES’ (1596–1659) dictum, “knowledge to make us lords and masters over nature”; and by THOMAS HOBBS (1588–1679) who wrote in his 1651 ‘Leviathan’: “To know a thing means: to imagine what we can do with it, when we have it”.³³⁶ As a result, life processes were also increasingly attempted to be explained in mathematical and physical-chemical terms or through principles of mechanics. This new form of reductionist science reached a preliminary peak in the eighteenth century with JULIEN O. DE LA METTRIE’S (1709–1751) book ‘L’homme machine’ (1748) – the machine man. If mathematics was the leading science of the seventeenth century, it was replaced by physics in the eighteenth century, chemistry in the nineteenth century, and biology in the twentieth century.³³⁷

Until the beginning of modern times, science in a broad sense was interpreted as a methodically congeneric approach to various objects. The classic canon of education of the *artes liberales*, free arts, comprised subjects such as grammar, dialectics, and rhetoric (*trivium*); arithmetic, geometry, astronomy, and harmonics (*quadrivium*); as well as the university faculties of theology, medicine, and jurisprudence. However, the far-reaching splitting up of science into the humanities and natural sciences did not occur until the eighteenth and nineteenth centuries.

In his ‘Novum Organon’, published in 1620, FRANCIS BACON had – for the purpose of an assured check on nature – propagated a restriction of the new science on cognitions attained inductively through experiment and experience. Yet, the term “natural science” itself is only to be found after 1703.³³⁸ In 1786, IMMANUEL KANT (1724–1804) made a distinction between “historical” and “rational” (or

“improper” and “proper”) “natural science”, whereby, for him, the historical one was only a “historic doctrine of nature”, “containing nothing but systematically ordered facts of natural things”, whereas in the rational one, “the laws of nature which form its basis must be cognised *a priori*”.³³⁹

[[87] Inside the medical world, the new form of research, based upon natural-scientific methodology and animal experiments, gained significance especially after the end of philosophy of nature. In particular, CLAUDE BERNARD (1813–1878) tightened DESCARTES’ agenda of reducing all phenomena occurring in animals to the laws of mechanics, to the postulate of an exclusive interpretation of living organisms as physically-chemically determined formations.³⁴⁰ Tying up to KANT for whom “in every doctrine of nature one can only find as much real science as there is mathematics to be found in it”, EMIL H. DU BOIS-REYMOND (1818–1896) changed this thesis in 1872 by replacing “mathematics” with “mechanics of atoms”: “Natural scientific cognition of the physical world with help and in the sense of theoretical science – is tracing back the changes in the physical world to movements of atoms [...] or the resolution of the natural processes in the mechanics of atoms”.³⁴¹

Thus, natural-scientific thinking has only existed for a few centuries and, especially within medicine, on a grand scale for approximately 150 years. However, as the much longer cultural history of medicine shows, scientists and doctors have been thinking rationally long before the “invention” of natural sciences; they were just doing it differently. Natural scientificity can therefore only be understood as a certain, relatively late and specialised form of rationality – not the other way round. This has to be kept in mind when it becomes necessary to take a stand towards heedlessly

posed questions such as: “Has homeopathy been natural-scientifically proven?” or “Has homeopathy been natural-scientifically disproven?” If it turns out that homeopathy and natural science, both of which evolved at about the same time, in crucial points possess not just similarities but also differences in principle, then it cannot be expected that both horizons of affirmation and conceptual fields simply concur or translate 1:1 into each other. Because the value or lack of value of principles of a medical system cannot be assessed by another, different coordinate system, the objection of untranslatability of questionable categories into the natural-scientific pattern of terms is not yet an argument against it. In 1940, ROBIN G. COLLINGWOOD had already shown that any science has its “absolute presuppositions”; yet, any question as to whether one of these is “true” or “how it can be demonstrated” is a “nonsense question”.³⁴² This short historical recapitulation may suffice to realise that natural-scientific unprovability is not the same as plain irrationality.

Modern natural science

At this point, the crucial question arises to what kind of rationality modern natural science belongs, and what it is able to grasp of the world, of life, and of humans, and in which way this is done. According to the idealised self-conception of its representatives, the natural-scientific method consists of repeated cycles of observing, establishing hypotheses, making predictions and testing them in experiments, resulting in verification or falsification, etc. However, decisive and symptomatic for the modern natural-scientific way of perceiving the world is the methodical restriction to the observation of objects that are exactly measurable, i.e. that can be quantified and reproduced. Thus to natural sciences, especially to physics,

primarily only measured values exist, while for their relations mathematic formulas and equations are looked for and developed. Therefore the world of physics neither consists of humans, animals, and plants, nor of houses, tables, and cups, not to mention ideas, values, and illnesses to be cured, but rather exclusively of masses (inertia), forces, fields, waves, impulses, angular momentums, energies, coordinates of space and time, and their mathematical relations.

[[88] Contrary to general belief, not even the term “matter” (material) can be deduced from physics alone. To the philosopher of science WOLFGANG STEGMÜLLER (1923–1991), it was the “staircase wit of the twentieth century” that the term “matter” is science’s most puzzling item although everybody believes to know what it means.³⁴³ Contrary to the logic of our everyday language where each proposition on an attribute has to refer to a corresponding thing, physics apparently does without “material substrate” or “carrier of (changing) attributes” respectively. For example, in physical field theory, it does not matter whether one talks about field-producing masses or considers particles merely as nodes or singularities in a field. Because of the relational character of physical equations, for classical electrodynamics as well as for quantum theory, there are logically equivalent formulations which either focus on the concept of particle or on the concept of field. Thus physics does not describe the physical world around us at all but instead a stylized artificial world.

For this reason it is all the more amazing that our modern consciousness – from our cosmological view of the universe and secular view of humankind to our attitude towards issues of the educational or health system and finally to modern medicine – nevertheless is predominantly affected

by natural science and therefore supposed to be well-founded. Materialists pretend only to believe in what can be proven by laws of physics and mathematics. Students of medicine no longer need to pass a compulsory "*examen philosophicum*", as it was the case until the 1860s in Germany but an "*examen physicum*" instead. And molecular biologists, self-organization theorists, and chaos researchers keep showing us how life, culture, and religion as well as our behaviour, emotions, and ways of thinking can be explored and explained in a natural-scientific way. It seems that modern natural scientists perceive themselves, first of all, as being in charge of all areas of our existence; secondly, of being capable to grasp all things of our lifeworld; and thirdly, as being competent to render a final judgement on all these topics. On the same non-reflected precondition of an inflated claim of validity on the part of hard science, natural-scientifically oriented doctors occasionally try to conduct scientific studies on homeopathy. Certainly they do measure data of single parameters within a standardized setting and lump them together with data collected from other therapy methods. However, and this is the crucial point, usually they do not consider particular peculiarities, neither on the part of the patients nor of the therapeutic method examined.

Oddly enough, today hardly anybody notices that there is a serious difference between the essence of an object (or the object itself) and measured data of this object. The German language covers this distinction by dint of the terms "*das Physische*" (the bodily) and "*das Physikalische*" (the physicalistic), while in English both notions are expressed by the same word "physical". Apparently, this equalization that is even defended by some modern philosophers is based on the conviction that the physical (the bodily) around us (cars, animals, plants, etc.) is exactly

what the science of physics examines and concisely defines. Therefore, science would be nothing but a continuation of our everyday thinking, and the “bodily” would just be the “physicalistic” which has not been brought to itself yet – the same way it is assumed that devices like microscopes or telescopes would only extend and refine our usual perception. Thus, the scientist appears to observe the same world as the person in the street but only more accurately and more detailed.

However, these claims ignore the fact that looking through a scanning tunnelling microscope one may, indeed, be able to see molecules but not tables, stones, clouds, or rivers. However, even more serious than this discontinuity in perception is the discontinuity of the mode of description. While we describe cars, animals, and plants in a natural language, we do describe the result of dispersion experiments in a cloud-chamber in a [[89] highly theoretical, formalized language of mathematics which has totally different characteristics than natural language. But between the natural and formal languages, there is no continuum; instead, there is a distinct gap which accounts for the difference between “bodily” and “physicalistic” objects. When a physicist describes his “objects” by way of differential equations, these are mathematical functions which project extensionally defined sets onto each other, i.e. these are mathematical relations.³⁴⁴

However, here, none of the relates are distinguished as something ontologically original or a substantial entity, as is the case with natural language where a predicate always relates to a subject and stands for its attribute. Precisely this ability, to identify something as something, is what philosophers from ARISTOTLE to PETER F. STRAWSON (1919–2006) recognized as the world developing power of the natural language.³⁴⁵

But if physics does not describe the lifeworld surrounding us but instead a factitiously constructed artificial world, and if in addition – due to the success of the natural sciences – the humanities are under enormous pressure to adopt the natural-scientific method in their field (see historicism, behaviorism, experimental psychology, sociology, and cognitive sciences, for example), one may ask what has become of our familiar and lively world, for which natural science obviously has no language. As, from the nineteenth century, rationality has been put on a level with natural-scientific explainability, by this fateful short-circuit, elementary dimensions of life such as human acting, feeling, and thinking, but *a fortiori* the arts, culture, faith, love, and ethics, or phenomena like sickness, health, and healing disappear in a grey area of alleged irrationality and arbitrariness for which, in a strict sense, there should not exist any scientific categories.

This loss of our world, however, is homemade, so to say. It is self-inflicted by the mental reduction of all phenomena of life to quantifiable measuring data. This can be demonstrated by a glance into the history of science – provided that one goes back to the time before the so-called scientific revolution of the seventeenth century, to the comparatively homogenous period of 2,000 years that was predominantly shaped by Aristotelism.

Aristotle

Quite rightly ARISTOTLE (384–322) is considered to be the founder of the “science of the living”. Contrary to PLATO (427–347), his teacher, whose philosophy culminated in a rather static doctrine of ideas, ARISTOTLE’S issue was the explanation of movement (Greek: *kínesis*), in fact in its broadest sense, i.e. not only the movement from one place to another but also the becoming and passing off as well as

the quantitative und qualitative changing (Greek: *alloíosis*, *metabolé*). As basic categories for scientific assessment of these phenomena, ARISTOTLE used the terms, potentiality (Greek: *dýnamis*, Latin: *potentia*) and actuality (Greek: *enérgeia*, Latin: *actus*). This way, movement of any kind could generally be understood as the actualization (realization) of a potentiality (potential). ARISTOTLE intentionally conceived his theory so broadly that – contrary to modern natural science which only knows and observes spatial translocations from A to B – it could be applied to any kind of movement, to the growing of a plant as well as to the alteration of a feeling or the change of seasons. ARISTOTLE’S rootedness in the world of the living and his technical-practical approach to nature is shown also in another basic term he uses in his physics, the term of “essence” (Greek: *ousía*, Latin: *essentia*). Each being which actually exists can be understood as composed of its matter (Greek: *hýle*, Latin: *materia*) and its form (Greek: *morphé*, Latin: *forma*). Matter and form, however, are merely reflective terms which cannot exist independently by themselves. Consequently – contrary to modern materialism – it is not [90] (wrongly) claimed that something like matter can exist as such, but that everything we ever are able to observe, understand, and imagine, due to the hereby aligned form always is a something, a being, and therefore a matter which has been formed already. Following this, to become (Greek: *génesis*) represents the transition from the uncertainty (potentiality) of a primary matter into the certainty (actuality) of a form, and thus is finally something like a transition (*kínesis*) from nothingness to being. Of this, however, only the result can be clearly described which has the being as its form.

Contrary to this concept of movement, in modern physics there are only transitions from definite states to other

definite states. Here, ARISTOTLE'S problem of *kínesis* does not occur at all. This kind of blind spot is a corollary which is inherently due to mathematical formulation.

Mathematical functions always combine definite conditions with each other. This is the reason why ARISTOTLE excluded the application of mathematics to *kínesis* – nota bene, not because of his ignorance of mathematics but rather because of his insight into its limitations. “In fact, none of the mathematical objects move”, he wrote in his treatise on the movement of animals.³⁴⁶ Therefore, to grasp the concrete “becoming”, ARISTOTLE was forced to abandon mathematics – despite or particularly because of the seeming “timelessness of mathematical objects”.³⁴⁷

This notion of movement undefinable in a mathematical way can become directly relevant to homeopathy when one considers that ARISTOTLE, in an analogue way, regarded the transition of a human's healthy state to a sick one (and the other way round) as a qualitative change (*alloíosis*), so that also this form of movement (*kínesis*) was accessible to scientific understanding by means of his categories. In contrast, when applying the categories of natural science, one can but try to either describe complex processes like becoming ill or recovering on a level of translocations of molecules or avoid such “unscientific” terms altogether. Consequently, it is most significant that the term “healing” no longer exists in modern medical dictionaries – since it eludes the natural-scientific form of rationality.

Another category of ARISTOTLE'S science which has been eliminated by modern natural science is of major importance to homeopathy: the goal-orientation (teleology) of all being. Based on the lifeworld's way of experiencing oneself and the world in the Greek *pólis* and his primarily technical-practical attitude towards nature, ARISTOTLE conceded to each being the striving for a goal (Greek:

télos), however, in different grades: from the blind aiming of a stone at the center of the earth to the unconscious striving of animals for self-preservation and reproduction of the breed, and finally to humans' conscious pursuit of happiness and knowledge. In ARISTOTLE'S doctrine of the four causes, which comprises the material, effective, formal, and final cause, the cause of purpose (*causa finalis*) even plays the most important, leading role. As he explains by the example of a house which owes its existence to the four causes, without the intention of the owner-builder (*causa finalis*) the stones and beams (*causa materialis*) would not have been put together by the craftsmen (*causa efficiens*) in accordance with the architect's plan (*causa formalis*).

In most cases, a certain goal can be reached by different means, and certain means may serve different goals. To be full, one can eat sausages as well as cheese; a hammer can serve to put nails into a wall and also to break a windowpane. Thus, contrary to the causal conjunction of cause and effect, there exists a contingent relationship of goal and means, which means that there may be other, alternative solutions, too. In today's terminology this is called a many-to-many-relation. Therefore, there cannot be unambiguousness in teleological thinking.

Teleology is a form of "hypothetical necessity" (Greek: *anánke ex hypothéseos*), which is fundamentally different to the "causal-mechanical" necessity. For example, for a saw to function as a saw, it must be made of iron – but not necessarily of iron because any other [91] stiff material would do as well. However, an understanding of the purpose of a saw allows us to consider iron a useful material and to say: if the saw is made of iron (and not of rubber or water or the like), it can or will work as a saw – if nothing intervenes. ARISTOTLE conveyed this term of

“hypothetic necessity” to nature and separated it from the “mechanically” acting necessity to which modern physics confines itself. He considered nature to be connected both with history as well as with meaning. Its beginning as such can be elucidated only by knowing the end. Only in the light of the purpose which comes to the fore at the end (when it has been realized) will it be possible to judge whether or not its generating causes and principles made sense, and in such a way we can “comprehend” nature.³⁴⁸

Since a teleological view on nature is not primarily anticipating (like modern natural science) but rather reconstructive; the future, in a strict sense, may not be predictable. In the stage of planting a tree, it cannot be determined exactly what shape it will adopt. On the other hand, the term “essence” or “*ousía*” does allow a containment and specification of propositions about the further development of a subject or a process. Since the potentialities of any being are limited, its actualisations also take place within certain limits (Greek: *péras*). These can be known once one has analyzed its essence. Just as it is a dog’s nature to bark and not to sing, the seed of an apple tree will never develop a plum tree, and in the same way, the engineer knows what qualities are inherent in a certain material and for what it can be used due to these qualities. From this perspective even the “unrealized potentialities” of a substance fulfil clear identity criteria. However, it should be considered that one can be aware of a potentiality only if it has been realized before. Only those may claim that they “can play” the piano who have actually played the piano before. With regard to homeopathy: that a certain remedy will evoke or heal a certain symptom can be claimed only if this drug has actually done this before, as in drug proving. In this respect, with ARISTOTLE, actuality always precedes potentiality.³⁴⁹

Out of ARISTOTLE'S numerous inspirational thoughts, a last one should be selected which most likely will also be interesting to homeopathy. In regard to matter (*hýle*), the form (*morphé*) is emergent, i.e. the latter cannot be deduced from the former. For instance, one cannot determine the use of a computer by looking at the way it is wired or the use of a bulb by looking at its components. On the other hand, matter is not only a ground of potentiality for the form but also its impediment. The bulkiness of matter compared to the form, and the fact that it is incomputable and unpredictable – a well-known fact in handicraft – is another issue which today is no longer considered adequately and grasped conceptually by natural science. Instead, one tries to get rid of the problem by eliminating as junk all materials which show the smallest aberration from a pre-determined standard and substituting them with replacement parts which must be as perfect as possible.

Since the view by natural science is so fixed on the computability of the material, technical catastrophes in cosmonautics or nuclear power plants are ascribed in public to human error rather than to the irrescindable contingency of matter and its principally resistant character, even when the real cause might have been the brittleness of a seal ring or the like. This issue may concern homeopaths insofar as those seduced by the ideals of modern natural science and convinced of the calculability of the material world, will rather blame themselves than the drug, the patient, or the basic conditions when therapy fails. Those who think and act in ARISTOTLE'S categories, however, might consider the resistance or dispersiveness of the material as the cause.

As a matter of principle, homeopaths should welcome ARISTOTLE'S concept of the noncomputability of matter since

it allows for the scientific phrasing and explanation of the decisive difference between their individualizing practice and scientific medicine's generalizing theory.

Two kinds of science

[[92] After this confrontation of modern natural science and ARISTOTLE'S science of the living, the characteristics of these two prototypes of science may be summarized like this:

1. Aristotelian science derives its notions, principles, and concepts from human self-experience within a lifeworld perceptible by the senses and bases its explanations of different natural phenomena and technical processes on the paradigm of goal-oriented striving and manual production of means for certain purposes.

2. Modern science is guided by the secular interest in command of nature and thus selectively observes and investigates only those aspects of the world which can be measured and weighed and brought into relation with each other in a mathematically exact way.

HAHNEMANN, the founder of homeopathy, lived and acted in a way at the interface between these two big blocks of traditions of science. Even though some roots of the modern type of natural science can be traced back to the thirteenth century,³⁵⁰ experimenting, measuring, and using mathematics to study nature became the new scientific paradigm among scholars and patrons only in the seventeenth century, a topic of discussion among the broad public only in the eighteenth century,³⁵¹ and a major issue for medicine not before the nineteenth century.³⁵² However, Aristotelism left its mark on teaching at the universities until well into the eighteenth century, on the faculties of medicine in many cases in combination with

Galenism and humoral pathology – targets of HAHNEMANN’S polemics throughout his life.

The Age of Enlightenment, in which HAHNEMANN was born, was downright fraught with the impetus – dazzled by the tangible success of natural science in technology, agriculture, and economy as well as inspired by the belief in continuous, ever-lasting advancement – to illuminate as many not yet “enlightened” areas of life as possible in a rational way. Rational, however, from now on meant above all causal-mechanical. In analogy to NEWTON, who had founded modern physics as a natural science, KANT intended to turn metaphysics into a strictly *a priori* science, and therefore HAHNEMANN considered it his task to elevate medicine to the position of a positive science following these two paragons.³⁵³ At the time around 1800 it was – contrary to nowadays – not clear at all that “scientific medicine” would become tantamount to “natural-scientific medicine” one day. The excessive pluralism of healing systems, which made HAHNEMANN despair of medicine in the early years after his graduation,³⁵⁴ was rather mirroring the general atmosphere of upheaval, which literally called for a new uniform paradigm.

Homeopathy

On this note, HAHNEMANN was very progressive when he opted – as far as possible – for the natural-scientific method in his days, which half a century later in fact bestowed medicine a universal and uniform paradigm, which today is accepted worldwide, thanks to RUDOLF VIRCHOW (1821–1902), ROBERT KOCH (1843–1910), and others (cellular pathology, bacteriology, etc.). Thus, HAHNEMANN had tried to base his new doctrine of therapeutics on criteria that finally became standard only long after his death.

While conducting drug provings, he used healthy persons, single remedies and strict methodical and dietary instructions in order to approximate the new ideal of natural-scientific experiments, according to which only one variable of a substrate as homogenous as possible is to be varied under constant basic conditions, and the result be read off. [93] Empiricism, an influential current of thought at that time particularly in England, which later also turned out to be trendsetting, was joined by HAHNEMANN insofar as he too – regarding drug proving, case taking, and follow-up examination – believed in the possibility of pure, unquestionable observations. This was fairly in line with the natural-scientific model of registering objective measuring data using technical devices.

HAHNEMANN definitely shared the scientific ideal of space-time-invariant laws of nature and thus had certainty and predictability in mind when he reformed medicine. This is shown frequently in his works, for example, when he stated that homeopathy will some day “approximate mathematical sciences in terms of reliability”.³⁵⁵ All that was still missing were exact “observations” of further drug provers, he went on to say. This again casts a significant light on HAHNEMANN’S backing of the natural-scientific method of induction, another progressive method at the time, according to which universal laws ought to be derived from a set of individual observations by means of generalization.

These examples may give an overview on a selection of scientific elements to be found in HAHNEMANN’S concept of rational therapeutics. This alone, however, did and does not suffice to establish homeopathy. If it did, homeopathy would long have been recognised by universities’ medical schools and become mainstream medicine respectively.

As a whole, HAHNEMANN’S healing system was rather held together by the brace of rationalism, an eighteenth century

school of philosophy, which assumed that the world is based on reason, which man – by means of his reason – is able to recognise. This concept of reason, however, was not confined to natural-scientific categories, and so it could focus on virtually all areas of life, such as nature, culture, religion, anthropology, ethics, etc. As HAHNEMANN was partly rooted in this tradition as well, which in turn was a kind of modern descendant of Aristotelism, he could still concurrently use notions and patterns of argumentation that in a way were incompatible with the natural-scientific approach, which was increasingly infiltrating medicine.

Notions such as pathogenetic or medicinal “potencies” literally reveal the Aristotelian category of “potentiality” (Latin: *potentia*) on which they are based, while the same word is contained in notions such as “*dynamis*” or “dynamic”, yet in Greek (Greek: *dýnamis*). HAHNEMANN’S notion of “life force” in turn seems to be an attempt at a rationalistic version of ARISTOTLE’S concept of “Entelechía” (Greek: *entelecheía*: the goal-oriented striving of creatures), which in the wake of NEWTON’S physics, however, had to be expressed in natural-scientific terminology and thus in terms of “force”. Also the principle of similars does not fit the natural-scientific set of terms in the end, yet it does correspond to the Aristotelian-scholastic concept of analogy and the ancient conclusion by analogy. To establish the principle of similars as the only possible and true healing principle, HAHNEMANN was ultimately forced to draw on doctrines of rationalism, such as a benevolent and wise creator and the high spiritual and moral destination of mankind,³⁵⁶ which are all based again on the Aristotelian doctrine of teleology.³⁵⁷

As these examples show, homeopathy has at least two roots that can be historically traced back to different traditions of science. On the one hand, as a practitioner,

HAHNEMANN could still – during the time of upheaval around 1800 – draw on the primarily lifeworld-practical categories of Greek, Latin and Arab classics, in short, on Aristotelism. On the other hand, as a theorist, HAHNEMANN was already gripped by the impulse to turn medicine into a natural science in the sense of predictable, mathematical secure knowledge. In this respect, homeopathy combines both progressive-scientific and traditional-teleological elements – in a complex blend that proves to be hard to untangle. Therefore, it is susceptible to all sorts of interpretations and “enhancements”. This is the background of the current debate on homeopathy,³⁵⁸ which is unlikely to be resolved in the near future.

The perspective of history of science

[[94] From the perspective of the history of science, above all three things should be considered:

1. It is to be maintained that homeopathy is a practical activity (Greek: *práxis*) for the sake of healing sick humans. Its success in the treatment of individual patients and its world wide spread and popularity speak for themselves.³⁵⁹ By sticking to a method which is structured and comprehensible according to traditional scientific criteria, homeopathy is a practical science – at least in the classic Aristotelian sense. To realise and acknowledge this is not easy today, as we are much too focused on natural science. However, it would be a solid position. On the other hand, it can only be advised against the temptation to claim more about homeopathy than its principles allow justifying. Ideals like “certainty of healing” should reasonably not be defined in a deterministic or strictly mathematical sense, for example.

2. The propagation of the claim that homeopathy ought to be a natural science in a modern sense is understandable from HAHNEMANN'S point of view. Due to the era's general optimism of progress, it was still unthinkable that the use of natural science would not only bring benefits to humanity but also perils and catastrophes. Today, however, this labelling seems much less attractive than it used to be.

What seemed to be progressive and promising about the principles of natural science at the beginning of modern times has now, from a post-modern perspective, become a victim of deconstructivism.³⁶⁰ Constructivism has exposed empiricism to the charge of being a naive illusion, with the argument that every observation is far more construction on the part of the subject than just neutral perception of objects.³⁶¹ The natural-scientific method of induction and falsification has been debunked as egotistic ideology by theorists of science like THOMAS S. KUHN (1922-1996) or PAUL K. FEYERABEND (1924-1994), the more so as from a historic perspective real-world scientific production follows more social and monetary interests than pretended criteria for the establishment of truth.³⁶² The concept of linear causality, calculability, and predictability of the world, on which Newtonian physics rests, has finally been put into perspective by chaos research to the effect that so-called islands of order turn out to be only special occurrences of artificial closed systems within a universe of non-linear processes.³⁶³ As can be seen, natural science is today, considering its foundation and follow-up costs, not without its crisis and critics and is possibly no longer the best ally for holistic physicians.

3. Against the background of ecological catastrophes and alarming side effects of drugs dispensed by conventional medicine, the long run damages of an unchecked

dominance of natural science over all areas of life today are looked at evermore critically. Hence, not only homeopathy, but also society as a whole faces the challenge of a better balanced relationship between natural-scientific theory and lifeworld practice. When the predominance of natural-scientific theories regarding the modern view of the world and our actions are ever more clearly coupled with the danger of a physical, psychological, and mental world loss, this theory-loadedness of our reference to the world requires a counterweight of complementary approaches to life that assign lifeworld practice a higher weight.

For example, what a human, a teacher, or a homeopath is, we know best and most intimately when we are one ourselves; when we – through our own practical execution – [[95] understand its essence, are able to deal with it, and, if possible, conceive it in scientific terms. In contrast, theoretical physics understands nothing of practical and living things, in fact cannot even say what matter is. Hence, we cannot expect it, or the physics-orientated natural science, to ever elucidate the essence of homeopathy or the like. Once one has understood that performing a science is itself a human activity, which always presupposes human beings (whom it tries to comprehend) and their practices, however, the first step towards a redefinition of the status of natural-scientific theory in our lives as well as in medicine has been taken. In this context, lifeworld-practical categories, as presented in ARISTOTLE’S “science of the living”, may in future rise to unexpected relevance. From that, as has been shown in this paper, homeopathy could only profit.

[Note]

[[83] * Published online: 16 January 2009

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The concept of health

In the history of medicine and in the writings of Hahnemann

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[Abstract]

[[215] The number of notions of health is not infinite. In the history of medicine we can only find a number of different conceptions or paradigmatic ideas of health, in a variety of references and combinations. Health was seen as: 1. harmonious balance between principles or entities, 2. result of a struggle against opposing forces, 3. continuous dialectical process, 4. hierarchy of components or functions, 5. potential to perform and to develop, 6. transcendence towards higher levels of being, 7. result of conscious autonomous action, 8. optimal causal functioning, or 9. public task and responsibility.

HAHNEMANN'S view of health, as reflected in his writings, utilized virtually all of these elements. They reappear for instance as: 1. harmonious tuning of the life force, 2. defeat of pathogenetic influences, 3. admittance of aggravations, 4. autocracy of the spirit-like life principle, 5. reference to a higher goal of human existence, 6. perfecting character of medical service, 7. concern about dietetics and life style, 8. utilization of causality and natural science, and 9. appealing to governmental provisions and medical police.

These paradigms have been repeatedly recombined and applied. The theory of medicine is the attempt to analyze, adjust, and develop concepts that meet the demand of contemporary medical practice. Medical theory lies between the fields of observable facts and metaphysical convictions. Distinguishing the levels of practice, theory,

and metaphysics could allow the open discussion of theoretical issues, such as the concept of health or disease, without raising purely theoretical objections to well-established practice.

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Keywords

Notion of health, history of medicine, Samuel Hahnemann, homeopathy, theory of medicine

Introduction

Considering the precarious condition of human existence, vulnerable, dependent on, and susceptible to, a many and variable influences, the desire for and appreciation of an undisturbed and steady state of good health seems to be quite natural and an anthropological constant. In fact, throughout the ages people have strived to secure, protect, and restore – or even to enhance and prolong – the precious moments of well being that they may have experienced from time to time amidst their ordinary troubled lives. Accordingly, medicine was invented and developed to prevent, relieve, and cure diseases, to reduce or eliminate, as far as possible, any impairment or injury to health.

In modern times, the demands of patients and claims of doctors towards the optimum state of health, have increased considerably. People are no longer content with being or becoming relatively healthy after medical treatment, but instead want to become healthier or attain the healthiest state possible. After all, who would refrain from having a bigger house, a faster car, or a higher salary – if he could choose? Yet, contrary to measurable things that can be compared quantitatively, for health there is no

uniform scale for assessing what is to be considered good, better, or best health. On the contrary, everything depends on the conceptual framework which underlies this notion. That is why people do not necessarily mean the same thing when they talk about health.

History of medicine

[[216] In the history of medicine, we can find very different approaches as to how people of different cultures and periods tried to conceptualize what they envisaged as a healthy state of being. Interestingly, the number of concepts to be found in all sources is not infinite, but relatively limited, if examined systematically. There are just a couple of principles humans use to delineate in theoretical terms what they have in mind when they think of health. Analyzed thus, relevant statements from medical doctrines (including HAHNEMANN'S homeopathy) consist only of specific combinations of these recurring paradigms.

1. One of the oldest and still current paradigms is the concept of health as a state of harmony – in the broadest sense. This basic pattern of thinking may be applied to a variety of relations, depending on the underlying ontology. Referring for instance to one's relationship to Gods or ancestors (as in prehistoric and ancient cultures), healthy living would mean a life pleasing to God or to be on good terms with the deceased.³⁶⁴ The same paradigm of harmony, however, can be used with reference to the individual's relationship to society, her/his family, or partner (as in modern bio-psycho-social models of health),³⁶⁵ to the environment (as in ecological models) or to the cosmos as a whole (as in medieval models of correspondence between microcosm and macrocosm). Or the focus of the paradigm is on the relationship between

body and soul (as in psychosomatics), different parts of the body (like the Hippocratic humours, the four classical qualities, or the modern atoms and molecules), or functions of the body (like incitability and excitement, as in Brownianism; spasm and atony, as in the doctrine of WILLIAM CULLEN; or the distribution of a nervous fluidum, as in Mesmerism).³⁶⁶ Ultimately, even the modern concept of “steady state” is based on the idea of a harmony between incoming and outgoing fluxes. In all these variations of the concept of health as harmony, therapy comes down to an impulse to achieve harmonization, balance, or compensation.

2. Opposed to this way of thinking, health can also be imagined as the result of struggle. Again, depending on the underlying ontology, the fundamental struggle can be assumed to take place between Gods and demons (as between AHURA MAZDA and AHRIMAN, as in the ancient Persian religion of Zoroastrianism),³⁶⁷ or between psychic, religious, or political influences (as in the guarding against foreign infiltration, as in concepts of national health in the nineteenth and twentieth century). The same paradigm is also the basic thought of all versions of germ theory, whether concerning worms and parasites or bacteria, viruses, etc. The therapeutic strategy in all these cases is the attempt to overcome, defeat, or eliminate the corresponding adversary. Health is the final victory over the threatening agent.

3. Unlike these opposite paradigms, health can also be seen as a dialectical process: without knowing of disease we could not even think about health. Visualizing a continuous scale with the two extreme points health and disease, the most common state would evidently be a mixture of both, i.e. neither being totally healthy nor totally ill. The first to propose this concept were the Alexandrian

physicians HERÓPHILOS and ERASÍSTRATOS (third century BCE). Other great thinkers emphasized a positive, relative, or pedagogical value of illness, for instance for the perfection of the art of living or the development of heart and soul (such as GOETHE and NOVALIS).³⁶⁸ The German mystic ECKHART called disease the golden path (*via aurea*) to real health, i.e. health in God. Among the Bohemians of the nineteenth and twentieth century disease was even, in a sense, glorified since it was believed to be a precondition for artistic creativity. Similarly, in esoteric circles inspired by the New Age movement, illness is not seen as a useless disaster, but rather as a chance and a help for future spiritual growth.

4. Another vision of health is the concept of a hierarchical order. For example an advocate of ancient Greek democracy, ALKMAION of Croton, defined health as a state of isonomy, i.e. equal rule by all constituents of the organism, while monarchia, i.e. the predominance of one single party, he considered to be a disease. For PLATO, however, health was the supremacy of the soul over the body, and, within the three parts of the soul, supremacy of the rational part over the desirous one. HEGEL'S notion of health implied the subordination of the anorganic under the organic, and HUFELAND'S concept of life force again meant its mastery over the physical organism. Strictly speaking, theories of proportion, symmetry, or beauty are all based on the idea of a graduated hierarchy of relevant parts. The same applies to the ancient Egyptian term "*ma'at*", which implied justice in the political sphere as well as health in the sphere of medicine.³⁶⁹

5. Health as potentiality is a concept derived from the lifeworld of craftsmen in the Greek *polis*. For ARISTOTLE motion was the actualization of a potentiality or capability. Thus, health can be seen as the presupposition of one's

ability to move or to accomplish something. The healthier one is, the more possibilities and options one has. In this sense, HILDEGARD OF BINGEN for instance called health a “greenness” (*viriditas*).³⁷⁰ In German Idealism health was taken as an equivalent to freedom of the mind. In the context of military service health means fit to fight, and in the labour market to be fit for work. For NIETZSCHE health was the potential for augmentation, enhancement, and transgression. In general, being healthy in the sense of disposing of high potentiality should be recognizable for instance in longevity, optimism, and cheerfulness.

6. The heading health as transcendence comprises all religious, spiritual, mystic, or ascetic concepts of health. For the Greek philosopher DIOGENES for instance the healthiest life and behaviour consisted of asceticism. For the Stoics a kind of dispassion (*apatheía*) and for EPICURUS calmness of the mind (*ataraxía*) was the healthiest state of the soul. MARCUS AURELIUS aspired to tranquility of the soul (*tranquillitas animi*) through self-control. In the early Christian movement of “*Christus medicus*” health was perceived as nearness to God and people tried to achieve this state through imitation of CHRIST. The famous Persian physician and philosopher AVICENNA declared that healing of the soul is only possible through understanding. In the Renaissance a so-called “body of grace” was sought through mystic intensification, and some women mystics exulted in pain, suffering, and bleeding, because these were venerated as “darts of CHRIST” in their own body, through which they would get closer to him and become spiritually healthy.³⁷¹

7. Health as autonomy indicates that health can also be interpreted as the result of conscious action, taking responsibility for oneself. This approach can be traced back to antiquity when health was conceptualized as a virtue by

writers such as ARISTOTLE, CICERO, or SENECA: a direct result of one's own self-control and temperance. According to Renaissance educational literature, health was the result of wisdom and education of the *paterfamilias*. Alternatively health was comprehended as a result of complying with special dietary regimes (as in early Islamic culture), a solitary and contemplative life (*vita solitaria et contemplativa*, as with PETRARCH),³⁷² or the appeal to a moral life (as with ULRICH VON HUTTEN).

8. The paradigm differing most from the ones mentioned so far, is that of causality. From time immemorial humans had thought and conducted research in terms of causality, including medicine. GALEN for example distinguished between healthy, unhealthy, and neutral causes (*causae salubres, insalubres, neutrae*). Also Renaissance magical techniques implied a good deal of causal thinking. This paradigm however developed an entirely new form with the scientific revolution of the seventeenth century, when causal-mechanical and quantitative reasoning became the basic paradigm of science *par excellence*.³⁷³ In medicine, this kind of reductionistic rationality did not break through until nineteenth century, but since then has thrust all other approaches into the background. It limits itself to the investigation of the interplay of material structures of the body. On these premises, health is something like the most efficient and economical course of physical and chemical actions.

9. Influenced by the paradigms causality and autonomy, governments took measures to improve the health of the citizens. In the eighteenth century the public health movement started, with health legislation, organization, and "health police". Health education was promoted, and health catechisms were printed. KANT proclaimed health as a duty because it promotes morality.³⁷⁴ The political

background of the new governmental efforts towards health, however, was utilitarianism and mercantilism. In the same spirit new sciences were introduced, for instance sociology as “social physics” (by AUGUSTE COMTE) and hygiene as “doctrine of science of health” (by MAX VON PETTENKOFER). In Germany the medical curriculum was reformed by legislation: from 1861 the philosophical exam was dropped and substituted by an intermediate test in natural sciences (*tentamen physicum*).³⁷⁵

10. At all times, beside the mainstream there were tributary streams as well. This is especially true for post-modernity in which a multitude of currents co-exist simultaneously. In the medical market for instance a plurality or broad variety of alternative concepts of health are offered.³⁷⁶ But each includes a combination of the basic paradigms mentioned above. They may be inspired by insights of quantum physics, systems theory, chaos research, theory of self-organization, autopoiesis, etc. and recombined among each other. The existence and attraction of such theories to a considerable part of the population indicate that simple causal-mechanical thinking, as predominating in modern medicine, does not sufficiently explain phenomena of the life-world of patients including their conceptions of health. Hence, in the 21st century there is still a need to refer to the other, seemingly outdated, paradigms as well.

The writings of Hahnemann

SAMUEL HAHNEMANN (1755–1843) lived before the triumphant advance of the scientific method within medicine in the nineteenth century had reduced the art of healing to a paradigmatic monoculture. In his day it was still possible for protagonists of medicine to avail

themselves of a very broad spectrum of concepts. In fact, the professional discussions of that period (German Idealism and German Romanticism) are full of reminiscences of all the paradigms mentioned here.³⁷⁷ Also HAHNEMANN was open to and familiar with all of them.

1. As to the concept of health as harmony for instance it is obvious to refer to HAHNEMANN'S well-known definition of disease as a derangement of the life force,³⁷⁸ which has its parallel in the conception of health as a state of harmonious tuning of the life force. Indeed, the very idea of tuning does not make sense without a basic concept of harmony. Correspondingly, at various places in the 'Organon of medicine' HAHNEMANN paraphrases health in terms of a 'harmonious course of life' or 'harmonious play of life'.³⁷⁹

2. Health as a result of struggle, on the other hand, is another constant idea pervading HAHNEMANN'S writings from the beginning. He describes many pathogenetic influences, against which the organism has to protect and defend itself. The spectrum ranges from physical, climatic, and geographical to mental, emotional, and imaginary influences up to the pathogens of acute and chronic infectious diseases. Since in HAHNEMANN'S day bacteria, viruses, and most protozoa were unknown, he used less sharply defined terms, such as contagion, miasm, or just "tinder of infection".³⁸⁰ In any case, according to this concept, the mission of medicine is to help patients to overcome and defeat the hostile intruders, as for instance in cholera.

3. Interestingly, HAHNEMANN'S vision of the interaction between organism and pathogenetic agents (or medicinal substances) was not confined to a simple alternative, such as victory or defeat, but also implied dialectical elements.

His concept of aggravation for example rests on the presupposition that a (temporal) deterioration of symptoms need not necessarily mean a worsening of the state of health. On the contrary, an addition of complaints and ailments under therapy can be a sign of a restitution process and finally lead to a better state of health than before.³⁸¹ The same applies to drug proving which, according to HAHNEMANN, has a roborant effect on the prover.³⁸²

4. Despite emancipatory movements, such as the French Revolution, hierarchical thinking was still very common in HAHNEMANN'S day. Hence, to medical thinkers it appeared more than plausible that the relationship between the spirit-like life principle and the physical body has to be construed as a hierarchical order – in analogy to feudalism, royalism, or monotheism. Indeed, HAHNEMANN envisioned the life force as supplying life and order, enabling perception and self-preservation, exercising teleological instinct, etc. In short, as the autocratic ruler over the indigent, completely dependent organism. Accordingly, health is defined as the absolute domination of the life force over the material body.³⁸³

5. HAHNEMANN'S writings do not confine themselves in medical topics in a narrow sense. His books and articles usually contain philosophical, anthropological, and ethical reflections as well.³⁸⁴ Like his contemporaries, HAHNEMANN believed in a high vocation of Man in the sense of being called to aspire to one's practical, cognitive, and spiritual perfection.³⁸⁵ To that purpose good health serves as a tool,³⁸⁶ health is seen as a potentiality for moral and intellectual growth.

6. Closely related to health as potentiality is the concept of health as transcendence. Although HAHNEMANN was

neither a confessional dogmatic nor an active church-goer, he was religious in a freethinking, rational sense. In compliance with what was called “natural religion” as well as with Freemasonry (to which he adhered as a member), HAHNEMANN saw for instance the practice of medicine as a holy service at the altar of truth and the medical worshipper “directly attaching oneself to the creator of the world”. While mental and moral imperfections, such as indolence, laziness, and stubbornness, prevent from achieving this goal,³⁸⁷ transcending and perfecting health from layer to layer in an ascending direction are the keys.

7. As a child of Enlightenment, HAHNEMANN was well disposed towards the idea of autonomy. Hence, apart from his professional books on therapeutics, he wrote many pamphlets and articles directed to a lay public trying to inform, educate, and enlighten the people on matters of hygiene, dietetics, and life style.^{388, 389} Obviously, health is envisaged here as the result of rational and self-governing behaviour.

8. Living at the interface of two historic eras in terms of medical theory, HAHNEMANN’S thinking was, in some respects, still bounded by traditional concepts, while in others, already reached out at the new scientific paradigm of causal-mechanical explanations.³⁹⁰ In his early medical writings he already spoke of “animal machines”, “mainsprings” of “clockworks”, etc. Up to the last editions of his *magnum opus*, the ‘Organon’, he explained the mechanism of healing by the principle of similars with the supposition of a deterministic interaction between an alleged life force and medicinal agents. In the later editions, he relativized his phenomenological approach in homeopathic case taking in favour of his doctrine of

miasms as the true causes of chronic diseases.³⁹¹ Clearly, causal thinking also appealed to HAHNEMANN.

9. Public health plays an important role in HAHNEMANN'S writings as well, especially in his early years. His advice and expertise on epidemiologic, forensic, and administrative issues show him as being inspired and driven by the thought that health indeed is an outcome of social-economic conditions and therefore also a matter for political decisions.³⁹²

10. From a systematic perspective, there is no single concept that stands out in HAHNEMANN'S writings at the expense of the others. While in the early history of medicine paradigms were often advocated in an uncompromising, exclusive fashion, in HAHNEMANN'S era it was already common to combine principles and methods of different theoretical approaches in more or less eclectic systems of medical practice. Also HAHNEMANN, being primarily a practitioner rather than a theorist, did not mind availing himself of a plurality of concepts including harmony, struggle, dialectics, hierarchy, potentiality, transcendence, autonomy, causality, and politics – as long as they proved to be useful tools in practice.

Theory of medicine

All the paradigms mentioned above can be traced in contemporary homeopathy as well, although mixed up in different schools and trends. Rather than teasing them out individually, some general remarks on the theory of medicine may suffice at this point.

Some authors deplore the splitting of post-modern homeopathy into a plurality of new schools.³⁹³ This indicates, however, that homeopathic doctors and health care professionals are still (or more than ever) struggling

for a general theory of homeopathy that would: 1. guide them in their practice, 2. explain to them what they are doing, and 3. satisfy their intellectual, moral, and spiritual needs. Since practitioners are human beings, they usually want to be satisfied on all three levels.

[[219] In my new German edition of the 'Organon',³⁹⁴ therefore, three levels of content are extracted and distinguished: 1. practical directions and maxims, 2. theoretical explanations and hypotheses, and 3. metaphysical foundations and premises, e thus providing a solid basis for further research.³⁹⁵

The first level should be the easiest to settle. Judging of practical advice and guidelines should be empirical, based on clinical studies, and qualified evaluations. If anywhere, here it should be possible to reach a consensus, to demonstrate statistical evidence, or even to talk of something like practical truth or objectivity.

The third plane, the level of metaphysics, concerns the religious, philosophical, and ideologic fundamentals and individual idiosyncrasy. As experience shows, it is difficult if not impossible to persuade or convince anybody to modify or abandon his subjective world view. Not even (alleged) facts or scientific arguments seem to have a chance against personal conviction.

Between these extremes lies the second plane, the level of explanation or actual theory of medicine. This is the battleground of reformers, theorists, and systematists in the history of medicine. In this realm, between empirical findings and metaphysical beliefs, however, neither absolute objectivity nor total subjectivity, neither general determinism nor entire arbitrariness, neither plain uniformity nor complete relativity is expected. It is the vast field of the life sciences, of philosophy, of theory of science,

etc. And it is the level, on which physicians primarily have to reflect on the way they see themselves.

Depending on their inclinations and preferences, individual therapists may limit their interests to applying practical rules according to given laws that they have learned. Others may indulge in lofty speculations, thus becoming liable to disregard the empirical reality of their patients. Best balanced and most appropriate to academic doctors, however, would be the intermediate position. This, however, implies the readiness to accept the challenge of dispensing with the claim of absolute truth and, instead, adopt critical thinking. Thus, by theorizing, different paradigms of health can be reflected, combined, and elaborated.

Such an attempt, however, requires great self-criticism and self-reflection. Instead of naively believing in the possibility of ever standing on firm ground or of simply proceeding from unprejudiced observation to reliable knowledge, the theorist of medicine has to be aware that he is always starting from presuppositions that cannot be demonstrated in an absolute sense, that any system will always be incomplete, and that nobody will ever know what is beyond our models and theories.

HAHNEMANN took a similar view when he continually emphasized that the human cognitive faculty is limited. Leaning on KANT who epistemologically had defined the limits of pure, practical, and teleological reason,^{396, 397, 398} HAHNEMANN tried, as far as he could, to avoid notions without possible experience as well as para-empiricism without underlying principles.³⁹⁹ His main mission was the establishment of a method of healing rather than a universal theory of medicine. This explains why he considered a consistent theory without contradiction less

important than its practical utility. HAHNEMANN was, after all, not a philosopher.

Conclusion

All this has to be taken into account by those who try to develop, advocate, and promote homeopathy in the 21st century. Claiming for instance that homeopathy directs patients towards better health rather than suppressing symptoms is certainly a promising approach, as it evokes positive associations and can connect to popular and trendy ideas, such as self-responsibility, holism, and salutogenesis.⁴⁰⁰ All the more so, as it relates to modern scientific paradigms, such as systems theory, cybernetics, and semiology, rather than on Cartesian linear-deterministic and causal-mechanical thinking. Nevertheless, one has to keep in mind that such endeavours are on the level of theory, mainly designed to facilitate social and political acceptance of homeopathy rather than to help or guide the practitioner, let alone to revitalise HAHNEMANN'S practical instructions of how to cure the sick.

Certainly, in order to make his theory of disease and healing comprehensible to his colleagues, HAHNEMANN adopted contemporary concepts, such as life force, miasms, dynamic causes of diseases, dynamic action of remedies, signs and symptoms, etc. The need to use, as a tool, the "scientific" language of one's time, however, does not allow the conclusion that, whenever a new discovery is made, the terms and conceptions prevailing at that time will necessarily be best suited to explain it. Hence, scientists of today should feel free to abandon nineteenth century terminology and try to conceptualize homeopathy in terms

of psycho-neuro-endocrino-immunology, epigenetics, complexity, non-linearity, phenomenology, etc.

The same may apply to theoretical efforts to grasp with modern concepts what we today regard to be good health. As is shown by the arguments above, apart from differences in language and emphasis, the options in principle of how to think “health” are limited in number. Thus, the challenge is rather to consider and balance the existing approaches in a useful way than to entirely create new ones. From this perspective, HAHNEMANN may serve less as an example of coining new terms, advocating temporary theories, and confronting conventional dogmas but rather of representing a relatively balanced view of all the dimensions concerning the issue of health, as well as disease and healing.

The fact that HAHNEMANN’S therapeutic system has been practiced all over the world for nearly 200 years, strongly suggests that, although today some of his theoretical terms and concepts may be controversial or outdated, he found something practically relevant and beneficial. Distinguishing the levels of practice, theory and metaphysics opens up a vast horizon of theoretical reflections and at the same time guards against objections to homeopathy based solely on theoretical considerations.

[Notes]

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200 years 'Organon of medicine'

A comparative review of its six editions (1810-1842)

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[Abstract]

[[271] In 2010 the 200th anniversary of the 'Organon' is celebrated by the homeopathic community. SAMUEL HAHNEMANN'S 'Organon of Rational Therapeutics', published in 1810, however, marks neither the beginning of homeopathy nor the endpoint of its development. On the one hand, its contents are based on terms and concepts developed and published by HAHNEMANN during the preceding two decades. On the other hand, the five revised editions of the 'Organon' that followed in the next three decades contain major changes of theory and conceptions. HAHNEMANN'S basic idea, running through all the stages of the foundation, elaboration, and defence of his doctrine, may be detected by a comparative review of his works from a historical and philosophical perspective.

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Keywords

Samuel Hahnemann, Organon of medicine, homeopathy, history of medicine, theory of medicine

Introduction

This year, 2010, homeopathy is once again said to have reached its 200th anniversary. The truth is that homeopaths have already celebrated "200 years of homeopathy" at least three times within the last 20 years. These correspond to important stages in the foundation and development of

homeopathy by SAMUEL HAHNEMANN (1755–1843). In 1990 the 200th anniversary was commemorated of HAHNEMANN’S famous experiment on himself with Peruvian bark in 1790, later considered to be the “dawn” of the homeopathic idea.^{401, 402} 1996 marked 200 years since the basic principles of homeopathy were published by HAHNEMANN for the first time, in his essay ‘On a new principle’. This included drug provings on healthy humans and treatment according to “*similia similibus*”.^{403, 404}

In 2007 the term “homeopathic” finally had its 200th birthday, having been introduced by HAHNEMANN in 1807.⁴⁰⁵ It was mainly German-speaking people who celebrated this anniversary, as the corresponding article has never been translated into English.

The noun “homeopathy” was first used by HAHNEMANN in 1810.⁴⁰⁶ Also, the basic maxim of homeopathy “*similia similibus curentur*” was first published in its complete version in the ‘Organon of Rational Therapeutics’.⁴⁰⁷ Thus, in 1810, homeopathy acquired a basic textbook and a distinctive label, constituting itself as a discrete entity. This first edition of the ‘Organon’ is widely known under the title ‘Organon of the Rational Art of Healing’, as it was under this title that it was introduced to the English speaking world by C.E. WHEELER in 1913.⁴⁰⁸

But this translation obscures the difference between the German words “Heilkunde” (knowledge of healing) and “Heilkunst” (art of healing). In HAHNEMANN’S day, the professional dispute was exactly centred on this issue, i.e. whether medicine can or should be considered an art or a science/knowledge.⁴⁰⁹ Consistent with modern positions in the theory of medicine,^{410, 411} in 1819 HAHNEMANN revised his initial emphasis on rationality in medicine in favour of a

broadier concept of medicine as an art rather than an applied science.

The fact that the title of the first edition of the 'Organon', published in 1810, is 'Organon of Rational Therapeutics', while all the subsequent editions bear the title 'Organon of the Art of Healing', gives a first hint that the development of homeopathy cannot be considered to have been complete in 1810. A comparative examination of the different [272] editions discloses changes of concepts and theories in the development of the 'Organon', rather than a continuity of attitude and approach. The latter does, of course, exist, but is more difficult to unravel.

Homeopaths who read the sixth and final edition, may also get a sense of this problem, if they study it in depth. Apparent contradictions arising from a critical reading can often be resolved by demonstrating that HAHNEMANN, when revising the 'Organon', was not always totally consistent in eliminating old concepts and substituting new ones.⁴¹²

Comparison of all six German editions is facilitated by a literary tool called 'Organon Synopse'. This is a book in which the complete contents of all six editions are printed, with corresponding phrases side by side, enabling the reader to trace continuities and discontinuities in the development of HAHNEMANN'S thought.⁴¹³ So, although the 'Organon' is often called "the Bible of homeopathy", for many the basic reference of homeopathy has always been very difficult to understand.

In order to shed new light on the content of the 'Organon', let us take a step back to obtain a broader perspective, from where we may be able to place it in a historic and philosophic context.

Historical perspectives

From time immemorial – due to the precarious condition of human existence – the motive to heal people has been a perennial challenge, an anthropological basic constant. It can be found in all epochs of history and on all continents of the world. This goal – whether inspired by compassion, worship, curiosity, or convention – can be and has been pursued and achieved in very different ways. As the history of medicine shows, concepts, terms, and theories of how to cure people varied widely – depending on time, place, intellectual climate, socio-economic, cultural, and political circumstances.⁴¹⁴ Seen from a historian's view, for instance it was not by chance that homeopathy emerged in 18th and 19th century Germany. It would not have fitted with Greek antiquity, Western middle ages, traditional Chinese culture, or the like.⁴¹⁵

In the wake of major political, social, and economic changes, such as the French Revolution, emancipation of citizens, and early industrialisation, and of intellectual movements, such as enlightenment, German Idealism and Romanticism, toward the turn of the 18th and 19th centuries a remarkable culture of critical thinking evolved.

As if triggered by an ever-rising consciousness and relevance of economic relations, not only scientists and physicians, but even theologians and philosophers tried to expand the realm of rationality within their fields. The term “ratio” derives from the commercial rendering of accounts, so “rationalism” may be seen as the triumph of money – as a form of thinking – over all realms of life.⁴¹⁶ IMMANUEL KANT (1724–1804) claimed to have elevated metaphysics to the rank of a true (rational) science, and many physicians (as well as philosophers and artists) were anxious to achieve the same for medicine.⁴¹⁷

Against this background and within this context, HAHNEMANN'S life's work, the finding, foundation, and development of homeopathy, may be contemplated and assessed: from his first vision of the principle of similars in 1790, to his completion of the sixth edition of the 'Organon' in 1842. Seen in this context, the first edition loses some of its alleged status as an outstanding landmark in the history of homeopathy, let alone a kind of holy scripture. It rather turns out to have been one of several transitional stages in a busy literary and medical career, extending over six decades, from HAHNEMANN'S dissertation (1779)⁴¹⁸ to his manuscript of the last edition of the 'Organon' (1842).⁴¹⁹

Philosophical perspectives

Apart from taking into account the regional and cultural circumstances, influences, and biases of his time and contemporaries (a vast field for medical historical research), it is important for a clear understanding of HAHNEMANN'S work to consider philosophical and epistemological problems, with which any explorer of anything new and previously undiscovered is confronted. It is a paradox of the human condition, that language, logic, and concepts allow humans to communicate their thoughts and opinions to other fellow human beings, but at the same time limit the content of what is communicable to others.

As a rule, ordinary people are only able to perceive, experience, and grasp those things for which they have a sense, and also a basic concept in their minds. For instance, without having a concept of a chair we would not be able to recognise any chair in a room, since we would not even know what to look for. Everything alien to our senses and concepts, though it may be sensed by bats, bees, or eels, or spiritual or mystic insights of saints, drops

through the meshes of our perception and understanding and will thus remain unknown to us.

Given the case that somebody has discovered something that is truly new and unheard of, be it by chance, intuition, revelation, providence or the like – in order to communicate this to his people, has no option but to try to express it by means of existing language, logic, and concepts. But were it possible to easily grasp and communicate it by these means, it would have probably been discovered long before. History contains many examples of how philosophers, writers, and also physicians had to challenge the boundaries of language, or even create a fresh terminology for their new approaches.⁴²⁰

Unlike for example PARACELSUS (1493–1541), who could develop his own world of concepts along with his alchemical, astrological, and therapeutic findings relatively undisturbed (most of his work was published posthumously),⁴²¹ HAHNEMANN, living 300 years later, was more obliged to comply with the conceptual standards and fashions of his time.

Although modern peer-review procedures did not yet exist, to publish an article for instance in HUFELAND'S 'Journal' or to find a publisher for a book on medicine, certainly was not possible without talking the same language as one's colleagues and sharing their scientific interests. Empirical [[273] details could be reported at will, as long as the intellectual framework was understandable to readers. This is why HAHNEMANN used terms like organism, life-force, life-principle, dynamic, potencies, agencies, remedies, miasms, causes of disease, signs, symptoms, etc., and why he never stopped working on clarifying their relationship and meaning during his long life of practising and writing.

Had HAHNEMANN lived today, in order to obtain access to a peer-reviewed medical journal he would, like everybody else, have to comply with writing in terms of modern science, such as immunology, epigenetics, cybernetics, etc. He would have probably used progressive concepts, such as complexity, semiotics, systems theory, or salutogenesis.

In order to put the ‘Organon of Rational Therapeutics’ into the context of HAHNEMANN’S striving for recognition by his contemporaries, let us now take a closer look at the way he modified his presentation of, and arguments for his cause over the course of more than 50 years.

Behind ostensible shifts of perspective, emphasis, and concepts, one can detect the continuous development of a basic idea, although there are certainly some theoretical and terminological discontinuities. The task is to abstract the original vision or experience from contradictory concepts, to identify the non-verbal essence of homeopathy which should be expressible in more than one theoretical framework and be transferable to different times and languages.

Early writings of Hahnemann (1790-1809)

In 1790, in his translation of WILLIAM CULLEN’S ‘Materia Medica’, and following his self-experiment on Peruvian bark, HAHNEMANN drew the attention of the reader to his observation that “substances which arouse a kind of fever extinguish the types of intermittent fever”.⁴²²

Referring to this early statement, in an article published in HUFELAND’S ‘Journal’ in 1796, HAHNEMANN presented himself as a “true physician having the perfection of his art at heart”. He focussed exclusively on two questions: 1. What pure effects do medicines bring forth in healthy human bodies? and 2. What do their effects in distinct

diseases teach us?⁴²³ Rejecting all other (indirect) sources of medicinal knowledge, such as chemistry, botany, animal experiments, etc., HAHNEMANN advocated drug provings on healthy humans and treatment according to the principle “*similia similibus*”. However, if a basic cause of a disease, such as a tapeworm (*taenia*), was known, its elimination would be the “*via regia*” of the art of healing. If no basic cause was known, i.e. in the majority of cases, antipathic treatment (treatment by the contrary) would be suitable only in acute diseases. Chronic diseases, on the other hand, were to be treated with so-called “specifics”, i.e. remedies which have proven their practical uses in similar cases. For any state of disease there should be a specific remedy.⁴²⁴

HAHNEMANN’S uncompromising pragmatic attitude toward his goal of healing human beings in this early publication is very striking. It results in a differentiated and balanced handling of the causal and phenomenological approach.

In another publication in HUFELAND’S ‘Journal’, in 1797, HAHNEMANN for the first time distinguished between “dynamically” and “chemically” acting medicines.⁴²⁵ In 1800, in his translation of RICHARD PEARSON’S ‘Thesaurus Medicaminum’, he contrasted “dynamic” with “mechanic”,⁴²⁶ and in 1801, in HUFELAND’S ‘Journal’, with “atomic”.⁴²⁷

In 1801, again in HUFELAND’S ‘Journal’, HAHNEMANN introduced his conception of “fixed (stable) diseases” which have a stable cause, for instance a “quite invariable miasm”, like syphilis or psora, and run a similar course. All other diseases, infinitely different in their symptoms, had to be individually considered.⁴²⁸ “In practically useful regard” HAHNEMANN also distinguished “material” and “dynamic” causes of diseases. If a material cause, such as a splinter, a foreign body, or a gall-stone, could be detected and

eliminated, this should be done. Since dynamic causes were not known in their essence, however – even if one knew their names, like psora, syphilis, or smallpox – they could not be treated directly.⁴²⁹

In these publications HAHNEMANN presented himself as a practical physician who emphasised the distinctions mentioned, because these seemed to him to have direct therapeutic consequences.

In 1805, in HUFELAND'S 'Journal', HAHNEMANN presented his doctrine under the heading 'Therapeutics of Experience' (known also as 'The Medicine of Experience').⁴³⁰ Once more he pointed out that some diseases may have one and the same cause (e.g. a miasm): these may be called "peculiar diseases", bear single names, and be treated with the same remedy. All the rest of the diseases, however, were not homogenous and could not be enumerated. They had to be considered and treated individually, comprising a unique combination of manifold influences in this person under these particular circumstances. In case-taking the physician should ask for basic causes as well as for exciting causes.⁴³¹

Aside from these practical considerations this paper was dominated by HAHNEMANN'S attempt to theoretically explain his doctrine in terms of contemporary concepts. For this (academic) purpose he had to resort to a stimulus theory in order to explain the principle of similars: pathogenic and medicinal stimuli (potencies) provoke diseases. If they are dissimilar, they suspend each other; if they are similar, they extinguish each other.⁴³² By means of a semiotic theory he tried to substantiate his phenomenological approach toward the many individual diseases: since the inner essence of any disease reveals itself through signs and symptoms, they are "the disease itself".⁴³³

To justify why a knowledge of all signs and symptoms suffices for healing every individual disease, HAHNEMANN took refuge in teleological and metaphysical concepts: God, the wise and beneficent creator of humankind, guarantees that, also under the condition of a limited perception, humans must be able to cure. “Therapeutics” was now defined as a “science of experience”.⁴³⁴ However, ostensible cures by non-curative remedies were denied.⁴³⁵

This publication was the forerunner of the ‘Organon’. HAHNEMANN embarked upon the scientific discourse of his time, [274] and was obviously under pressure to explain and sustain in current academic terms what he had been doing in practice for more than 10 years. With the claim of conforming to science, the necessity arose to give reasons for everything. Since any proof or argument is based on certain premises, HAHNEMANN was ultimately forced to introduce theological topics into his medical writings, as the ultimate premise.

In 1807, again in HUFELAND’S ‘Journal’, HAHNEMANN coined and defined the term “homeopathic”, complained that the “truth” of curative healing was not yet “scientifically recognised”, and called his doctrine “the most rational and perfect way of healing”.⁴³⁶ Up to this publication the term “rational” was used by HAHNEMANN only casually, for example when he spoke of the “more rational modern times” in 1797,⁴³⁷ a “rational physician” in 1800,⁴³⁸ or the “rational use” of coffee in 1803.⁴³⁹ From this time, however, when HAHNEMANN entered a phase of defending his doctrine as an entity, the term “rational” – as well as “truth” – became increasingly important to him.

At the same time, in a series of articles in a popular journal for a broader public known as ‘Allgemeiner Anzeiger der Deutschen’, HAHNEMANN kept his distance

from traditional sciences. In 1808 he stressed that since the way “vitality” works is not reducible to any mechanical, physical, or chemical measure, the wise physician confines himself to a “knowledge of vitality by experience”.⁴⁴⁰ In 1809 he recommended to a student the “study of medicine”, but only because “one has to know, what concepts people who consider themselves clever physicians have, of all the things which they do not understand”.⁴⁴¹

On the other hand, in an open letter to HUFELAND, in 1808, HAHNEMANN tried to reconstruct his discovery in a picture as consistent and incontestable as possible, drawing heavily on teleological arguments. In this context, for the first time he called his new therapeutic maxim a “law of nature” and compared his difficulties in being recognised to those of LUTHER.⁴⁴²

In 1809 HAHNEMANN made a significant change of meaning in his terminology: the term “art of remedying” was used pejoratively, while the term “therapeutics” became the new ideal.⁴⁴³

The six editions of the ‘Organon’ (1810-1842)

HAHNEMANN’S high valuation of the terms “rational” and “therapeutics” during that period may certainly have influenced the title of the book, whose 200th anniversary is celebrated this year: the ‘Organon of Rational Therapeutics’. In this work HAHNEMANN introduced the noun “homeopathy” and for the first time presented the full formulation of the basic maxim of homeopathy: “*similia similibus curentur*”.⁴⁴⁴ Leaning on a quotation from FRANCIS BACON (1561-1626) first mentioned in 1805,⁴⁴⁵ the “art of healing” was now denounced as having been a “conjectural art” – until HAHNEMANN’S revision had brought forth the “beneficial truth”.⁴⁴⁶

HAHNEMANN'S own ambition was "rationally curing", i.e. "according to fixed reasons".⁴⁴⁷ His doctrine was claimed to rest upon the "homeopathic law of cure",⁴⁴⁸ the "homeopathic law of nature",⁴⁴⁹ the "law of homeopathy without exceptions",⁴⁵⁰ and some more "special laws of rational therapeutics".⁴⁵¹ Regarding the examples of involuntary homeopathic cures by former physicians he even spoke of "homeopathic causal connections".⁴⁵²

The stimulus theory advocated in 1805 was now replaced by the idea that "the organism obtains a special tuning from the disease" and cannot receive a second one without having to abandon the first.⁴⁵³ Drug proving was explained entirely in Cartesian terms: "medicinal substances produce disease symptoms, according to special laws".⁴⁵⁴

In 1810, more than in 1805, HAHNEMANN was concerned about fitting his knowledge and insights into standard scientific terms and concepts. In consequence, some of his more practical findings almost sank into insignificance, like his further differentiation between fixed, individual, and collective diseases⁴⁵⁵ and his elaboration of the conception of "vicarious maladies",^{456,457} which substitute, mask or replace the danger of an internal serious disease, for instance by an external eruption on a less important part of the body (a concept introduced in 1809),^{458,459} as a warning against treating local symptoms without curing the "inner disease", such as syphilis or psora.⁴⁶⁰

The problem of the attempt to grasp phenomena of the living in terms of rationality is a tendency to generalisation and dogmatism. Indeed, in 1813, in an article in the popular journal mentioned above, HAHNEMANN even claimed that nature acts according to the (homeopathic) "laws" - "with mathematical certainty" "in all cases". Homeopathy

was asserted to be the most “certain, reliable, gentle, quick, and lasting way” of healing.⁴⁶¹

In 1819, a second edition of the ‘Organon’ appeared, now entitled ‘Organon of the Art of Healing’. In the preface HAHNEMANN stated several times that his subject is the “true art of healing”, conceptualised as a “pure science of experience”.⁴⁶² The term “rational”, so prominent in the first edition, was now erased from the entire book, except for one footnote where it was used to denounce the errors of the old “rational” school.⁴⁶³ This ostracism of the term “rational” was maintained through all subsequent editions of the ‘Organon’.

The same change of attitude may also be seen in a subtle shift of wording in paragraph 1: In 1810 the starting point and subject was “the physician” who had a “goal”. From 1819 to 1842, the emphasis was laid upon the “calling of the physician”, putting the physician into the genitive. In addition, a new footnote to this section from now on served as an explicit demarcation from academic theorising, in which professors of “theoretic medicinal art” used to indulge.⁴⁶⁴

While in the first edition a teleological poem from CHRISTIAN FÜRCHTEGOTT GELLERT (1715–1769) was on the title page, this was now substituted by the motto “*aude sapere*” (“dare to know” or “dare to be wise”) – whereby “*sapere*” not only means “knowing”, but also “smelling”, a sensual activity that may not entirely be translatable into rational concepts.

The terms and concepts used in the second edition, to give HAHNEMANN’S medical colleagues a clear idea about homeopathy, were less Cartesian-academic and closer to the [[275] phenomena. Diseases were now described as “spiritual derangements of our life in feelings and

activities” or “immaterial derangements of our well-being”.⁴⁶⁵ At the same time, he continued to claim (up to the sixth edition), that his doctrine was based on the homeopathic “law of nature” or “healing law of nature”.⁴⁶⁶ Of practical relevance was HAHNEMANN’S suggestion to ask patients for a former infection with specific miasms, such as syphilis, psora, or sycosis, since the local symptom, such as the chancre or the skin rash, may have disappeared and with it the completeness of the picture.⁴⁶⁷

The third edition of the ‘Organon’, published in 1824, was a largely unaltered version of the second. Nevertheless, HAHNEMANN inserted an approving comment on mesmerism and some extensions of practical rules for the treatment of chronic diseases.⁴⁶⁸ Sycosis was depicted clearly, as an internal disease with specific local and secondary symptoms, taking its place besides psora and syphilis. For the treatment of psora HAHNEMANN suggested the internal use of the best “antipsoric remedy”, using the term “antipsoric” for the first time.⁴⁶⁹

In 1828, HAHNEMANN published his monograph on the nature and treatment of ‘Chronic Diseases’. As he wrote, he had been working on this issue since 1816,^{470,471} i.e. since the time between the first and second edition of the ‘Organon’. Based on his concepts of fixed diseases, vicarious maladies, and original and exciting causes, HAHNEMANN now attributed all chronic disease to a previous infection with a chronic miasm (psora, syphilis, or sycosis) and claimed that these could only be healed homeopathically. The fact that psora was conceptualised to be the most infectious and versatile disease, persisting, without cure, lifelong, like a “parasite”,⁴⁷² had the far-reaching consequence that virtually nobody would be free

of it. Hahnemann considered himself to be one of very few exceptions.⁴⁷³

Up to the psora theory, normality had consisted of healthy people occasionally becoming ill. Now (almost) everybody had to be considered to be chronically ill, at least in a latent state, and unable to recover without homeopathic aid.

In the fourth edition of the 'Organon', published in 1829, the paradigmatic changes resulting from psora theory had been incorporated and digested. One of the main concepts helping HAHNEMANN to explain why the average human would be ill, and not healthy, was the "life-force". In the first edition of the 'Organon' this term appeared only once,⁴⁷⁴ in the second edition twice,⁴⁷⁵ in the third edition 10 times (mainly in connection with mesmerism),⁴⁷⁶ and even in the 'Chronic Diseases', in 1828, only three times,⁴⁷⁷ always in a general and non-specific sense. In the fourth edition, however, HAHNEMANN used it 70 times,⁴⁷⁸ in the fifth 139 times, and in the sixth, posthumous, edition, 106 times.

In contrast to his earlier use of the term "life-force" as a metaphor or synonym for "nature" or "organism", HAHNEMANN now distinguished between "wise" "big nature itself" and the "mere individual nature of the organic human", namely the "instinctive, unreasonable life-force" which once out of tune acts "blindly", "automatically", and "inappropriately" and whose "efforts are itself illness".⁴⁷⁹

This, of course, should not be imitated. On the contrary, the "art of healing" required the "higher human spirit", "free deliberation", and "reasoning",⁴⁸⁰ to "retune" the "detuned life-force". Only from this point on was disease defined as "a derangement of the life-force" and chronic

miasms considered to be the “biggest tormentors of humans”.⁴⁸¹

The fifth edition of the ‘Organon’, published in 1833, was influenced by issues of confrontation and demarcation, including significantly harsher attacks on allopathy,⁴⁸² but also a new delimitation of homeopathy as distinct from “isopathy”,⁴⁸³ against a putative “sect of bastard-homeopaths”,⁴⁸⁴ and a new group of “conceited beginners” and converts.⁴⁸⁵ In the course of a tightening of homeopathic identity, from now on he claimed homeopathy to be the “only true art of healing”, just as “between two points there is only one straight line”,⁴⁸⁶ and suggested using the 30c potency as a standard dose, especially in the form of “smelling” (also known as olfaction).⁴⁸⁷

Outstripping his former assessments, HAHNEMANN now estimated the number of people affected by chronic diseases at 99 %.⁴⁸⁸ In the sixth edition, however, he reduced this to “the majority of diseases”.⁴⁸⁹

The sixth edition of the ‘Organon’, completed by HAHNEMANN in manuscript in 1842, contained few changes of concept and ideas in principle. From a practical point of view, there were a number of relevant modifications of doctrine presented for the first time. The most surprising was his new and more sophisticated method of potentisation, later called Q or LM, fifty-millesimal potencies,^{490,491} together with new directions for dosage and intervals of prescription and rules for following-up cases, including the description of a new kind of late aggravation.⁴⁹²

Contrary to the editions three to five, Hahnemann no longer considered mesmerism as a mere “auxiliary aid” which could “act homeopathically” but not perform a

“lasting cure”.^{493,494,495} Rather mesmerism was now granted the peer status of an “invaluable gift of God”, equally able to “extinguish the derangement of the life-force”.⁴⁹⁶ HAHNEMANN also admitted – under certain circumstances – the usefulness of the application of magnets, electricity, and galvanism, as well as of massages and baths.⁴⁹⁷ For the first time he also included a vision of homeopathic hospitals and education.⁴⁹⁸

Conclusion and outlook

It should now be clear that the ‘Organon of Rational Therapeutics’, published in 1810, cannot be adequately understood and judged without considering its context. With the first edition of the ‘Organon’, homeopathy neither began nor ended. On the contrary, its position seems to be rather in the midst of HAHNEMANN’S literary and practical life’s work. Basic principles of homeopathy, like drug proving and treatment by similars, had already been prefigured in 1796.

Other fundamental concepts, such as “dynamic”, “fixed disease”, “miasm”, and “original and exciting causes” were developed in 1796, 1797, 1801, and 1805, respectively. In 1805 various scientific theories were drawn upon to make the new method plausible, understandable, and acceptable to academic physicians. Even the name “[276] “homeopathic” had already been coined in 1807. Compared to these preliminaries, the particular achievement of the first edition of the ‘Organon’ was little more than a deliberate alignment with the prevailing trend of rationality.

On the other hand, formal similarities of the six editions of the ‘Organon’, viewed superficially, may give the impression that all editions were basically the same, just

republished at different times, with some corrections. A deeper, comparative analysis shows them in a different light. Each seems to possess an individual personality: from the first, most ambitious and rationalistic edition, to the second, more artistic and phenomenological, to the third, almost unaltered, to the fourth, which was dominated by the psora theory, to the fifth, the most pugnacious and delimiting, to the sixth, probably the most pragmatic and balanced. Each corresponded to a phase in HAHNEMANN'S life and development, his social conditions, and intellectual environment.

After starting out to impress readers of his first 'Organon' by means of the rationalistic claim to make medicine a natural science in 1810, HAHNEMANN embraced anew the ideal of medicine as an "art of healing" in 1819, had almost nothing to add to this in 1824, assimilated a large paradigmatic change in 1829, defended his doctrine against various threats and false friends in 1833, and, after moving to Paris, perfected his life's work in 1842.

The six editions of the 'Organon' are different, but connected by a strong invisible thread. It is HAHNEMANN'S basic idea of an art of healing that, on the one hand, attempts to conform as closely as possible to the sick human and primary phenomena (disturbed well-being/feeling, detuned vitality, remedies as potencies to influence these states) and, on the other hand, strives to find tools, rules and laws that make the highly demanding practice of medicine certain and reliable.

If one admits this basic idea to be the core of the spirit of HAHNEMANN, pervading all his writings, practice, and research, there still remains the need to translate this hazy vision into concrete terms and concepts: a challenge which HAHNEMANN met and pioneered throughout his life. That he had to comply with theories, ideas, and conceptions of his

time and contemporaries, does not at all impair his achievements. On the contrary: instead of criticising or deconstructing HAHNEMANN'S dependence on contemporary conditions, homeopaths should engage in the task of carrying his noble and beneficial intention into the 21st century, trying to translate the perennial mission of medicine into the language of modern science, humanities, and philosophy.

Only if one tried to write a seventh edition of the 'Organon', would one probably realise how much HAHNEMANN had already accomplished in the previous six.

Conflict of interest

None.

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[Notes]

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The biopsychosocial model and its potential for a new theory of homeopathy

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[Abstract]

[[121] Since the nineteenth century the theory of conventional medicine has been developed in close alignment with the mechanistic paradigm of natural sciences. Only in the twentieth century occasional attempts were made to (re)introduce the “subject” into medical theory, as by THURE VON UEXKÜLL (1908–2004) who elaborated the so-called biopsychosocial model of the human being, trying to understand the patient as a unit of organic, mental, and social dimensions of life. Although widely neglected by conventional medicine, it is one of the most coherent, significant, and up-to-date models of medicine at present. Being torn between strict adherence to HAHNEMANN’S original conceptualization and alienation caused by contemporary scientific criticism, homeopathy today still lacks a generally accepted, consistent, and definitive theory which would explain in scientific terms its strength, peculiarity, and principles without relapsing into biomedical reductionism. The biopsychosocial model of the human being implies great potential for a new theory of homeopathy, as may be demonstrated with some typical examples.

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Keywords

Thure von Uexküll, Jakob von Uexküll, Samuel Hahnemann, homeopathy, theory of medicine, biopsychosocial model

Introduction

To suggest an option for a new theory of medicine does not necessarily mean to invalidate all previous or existing ones, since their relationship need not to be exclusivist, but may be inclusivist instead. A new theory may just cover a broader range of dimensions, leaving the validity of models for more limited approaches unimpaired. Even though EINSTEIN'S theory progressed beyond NEWTON'S physics, the latter remained relevant and indispensable up to the present.

First of all we must affirm that modern natural science has and will keep its legitimate state as a mighty tool for solving problems in many fields and aspects of our lives. We all benefit from scientific progress, from electric light to modern means of transportation and communication. And we are aware of the many prestigious discoveries in cosmology and atomic physics, through space exploration or particle accelerators. The critical point is, however, that on closer inspection many achievements and applications of modern science turn out to be not only advantageous for humanity, but also involve risks and perils, as, for example, with nuclear energy.

Conventional modern medicine faces the same problem, since it relies upon the very same principles and methods as neighboring fields of science. Of course it has distinguished domains of competence and excellence, for example epidemiology, bacteriology, toxicology, etc. It is strong and convincing wherever medical problems can be approached by way of generalization, quantification, and statistical recording. To this end, conventional medical scientists confine themselves to the same reductionist method as used by physicists or chemists: searching for

generally accepted natural laws, preferably in terms of causality, mechanism, economics, and efficiency.

They try to explore diseases, effects of medicines, and correlations between parts of the body, as if these were neutral objects or entities, existing independently of a particular context. Ensnared by spectacular successes in controlling [[122] and commanding life-threatening conditions of the organism and in measuring and manipulating ever smaller structures and functions of cells, genes, and molecules, indeed most scientists, technology writers, and lay persons today are highly tempted to conclude that probably everything in medicine can be explored in such a manner – if not right away, then at least some day in the future.

Conventional medical science

This widespread attitude of positivism of science, can however be challenged in the field of medicine in a multitude of ways and in fact proves to be untenable, if examined systematically. With the exception of some diseases which can be treated effectively or have been eradicated or whose incidence has greatly declined, many human complaints, especially chronic ailments, can only be palliated, not cured. While for the former the conventional biomedical paradigm is sufficient and adequate, successful treatment of the latter, if possible at all, may need not only more research within customary paths, but new concepts and approaches based on different principles. For the healing of illnesses not satisfactorily managed by conventional medicine, the following reflections and suggestions might be useful.

Putting the criticisms and objections of the reductionist approach in a nutshell, we might say, modern science

suffers from amnesia of its own genesis, an unawareness of its blind spot, or an illusion of its autonomy. Scientists are prone to forget that what they are doing is much more than just recording measured data. This can be, and is done, by robots and computers as well. Yet science is a human activity which presupposes human subjects, who are never confined to passive absorption and adaptation to allegedly objective external conditions, but are always also constructing and interpreting the world around themselves. Conducting science, therefore, is not a neutral innocuous undertaking, but inevitably has practical and ethical implications.⁴⁹⁹

Philosophically speaking, human knowledge is always reliant on underlying notions, concepts, and paradigms, which are brought into play by human minds. But at the same time human knowledge is always in danger of being misled, distorted, or adulterated by the notions, concepts, and paradigms employed. Science, especially modern science which emerged some 300 years ago and has dominated conventional medicine for 150 years, traditionally fixates on a canon of methodological rules and laws. Rather than constantly considering their scope and limits, modern medicine tries to explain as much as possible by means of reduction, subsumption, and generalization.

On the other hand, philosophy, poetry, and art, as well as history and theory of science attempt to rebuff, oppose, and disapprove the superiority and exclusiveness of predominant paradigms and mindsets. They usually try to open up new spaces, create new categories, or claim new liberties to enable the appearance of phenomena which otherwise would not emerge on the horizon and become visible or perceptible at all.

The topic of amnesia of its own genesis on the part of modern science is not a merely theoretical issue, but is of crucial practical relevance. This shortcoming is the origin of many of the problems medicine is facing at present. Modern natural scientists who, for example, are trying to explore the memory of human body and soul, are bound by the scientific method to look for putative objective entities, such as biomolecular engrams, chemical transmitter substances, neuronal flows, brain structures, or the like. They take a distant look at someone else's body. But this is an exoteric view, from outside, the attitude of an allegedly neutral observer on an allegedly separate object.⁵⁰⁰ The inner dimension of what we call memory, its function, meaning, and dynamics, however, cannot be said to be understood by merely enumerating its necessary physical and chemical conditions. At this point, the category of subjectivity, long-neglected by scientific medicine, claims its legitimate constitutional place in medical theory.

Introducing the subject into medicine

During the 20th century, significant attempts have been made to (re)introduce the "subject" into biology and medicine.^{501,502} So far, however, there is no evidence that this project has unsettled the conventional model of mainstream medicine to any considerable extent. Certainly, (re)introducing the "subject" into medicine never meant just adding another term to a traditional set of tools and concepts, but rather a paradigmatic change, that is to say, a deconstruction and reconstruction of the fundamental scientific framework.

For centuries, in the wake of DESCARTES' definition of animals as automats⁵⁰³ and DE LA METTRIE'S reification of human beings as machines,⁵⁰⁴ even the so-called life

sciences applied the same criteria of scientific research as physicists or chemists. The latter, however, are dealing with dead objects, such as masses, forces, pressures, etc., while the former ought to consider the phenomena of the living. Generally speaking, every branch of scientists tried to reduce the whole world, the animated as well as the inanimate, to mechanical, physical, chemical, mathematical, or statistical laws and causal connections. This had, and still has, a tremendous impact on modern medicine, on our concept of the human being, and on homeopathy.

The ordinary view of man today is determined by the way conventional scientific medicine examines his parts and functions. Accordingly, human beings are deemed to be complicated mechanisms, health is deemed to be their regular and efficient function, and disease is deemed to be their failure, that can be objectified by measured values. As a corollary of the scientific method, drug effects are deemed to be causal impacts on the body, such as chemical reaction, physical suppression, or material substitution. To come to the point, in the conventional scientific approach no difference is made in principle between the causality of drug action *in vitro* and *in vivo*. The substance is deemed to execute its determined effect with or without the subject of the patient.

[[123] Taking this setting of coordinates and variables as a basis for the assessment of any kind of medicine, it is clear what, for example, homeopathy will look like. According to evidence-based medicine, the currently dominant tool to implement modern scientific standards in medicine at large, homeopathy as a rule does not fulfill the criteria of biomedical technologies which can be standardised, quantified, and statistically determined.⁵⁰⁵ In a naïve analysis, this verdict by leading medical authorities

sounds to the general public as if homeopathy had proven not to be scientific at all.⁵⁰⁶ In reality, it discloses only the incompatibility of the conventional scientific method and the practice or art of homeopathy. This, may in turn be interpreted as evidence of failure of the conventional biomedical paradigm rather than a disproof of the homeopathic method of healing.

The challenge for homeopaths, therefore, is rather to find and establish their own scientific theory than to adapt and comply with external standards of conventional medicine. Moreover, the challenge for medicine at large would be to develop a theory of medicine which is wide enough to explain both what conventional and what homeopathic doctors are doing. To be sure, both schools of medicine treat living beings. Hence, any theory that does not imply specific phenomena of the living, such as subjectivity, relationships, and communication, is doomed to fall far short of real life.

The biopsychosocial model of the human being

In search of a theory of medicine which is comprehensive enough to also provide a conceptual framework for homeopathy, a valuable key may be found in the work of the German physician of Baltic origin THURE VON UEXKÜLL (1908–2004), in the 20th century one of the protagonists of the attempt to introduce the “subject” into medical theory.⁵⁰⁷ From the 1950s, UEXKÜLL distinguished himself as one of the founders of psychosomatic medicine in Germany, developing and elaborating the so-called biopsychosocial model of human beings, as suggested by GEORGE L. ENGEL.^{508,509} His basic idea and vision were to establish a scientific model of the human being which on the one hand overcomes the reductionism, mechanism, and

materialism of the conventional scientific method and on the other enables us to understand the human being as a unity in various aspects: a unity of different levels of existence, such as vegetative, animal, and mental functions, but also a unity between organism and environment, in short between subject and object.^{510,511} Particularly, humans were seen and treated as living beings that answer to signs and do not react to causes.

In conventional science, neither physiologists, psychologists, nor sociologists consider the entire human being, but instead each exclusively applies the method, concepts, and paradigms of his specific field, thus observing different things and talking a different language to that of his colleagues. Contrary to that, UEXKÜLL tried to base his theory on categories broad enough to be applied to all of the different layers, dimensions, and relationships of the patient. To this end, he utilised cybernetic, semiotic, and constructivistic concepts of systems theory. These approaches were developed in control engineering,^{512,513} linguistics,⁵¹⁴ philosophy,⁵¹⁵ and psychology,⁵¹⁶ but not yet introduced into medicine.

Preliminary work, upon which THURE VON UEXKÜLL drew heavily, had been done by his father, JAKOB VON UEXKÜLL (1864–1944), a German-Baltic zoologist and pioneer of theoretic biology.⁵¹⁷ Born in Estonia, he went to school in Reval (Tallinn), and graduated from the ‘University of Dorpat’ (Tartu) in 1890. Inspired by his studies of IMMANUEL KANT (1724–1804) and German and Baltic romantic naturalists, like JOHANNES MÜLLER (1801–1858) und KARL ERNST VON BAER (1792–1876), at the beginning of the 20th century he conceded a subjective dimension to animals, considering them as organisms answering to signs rather than merely reacting to causes, actually performing

“functional cycles” (1921) within their “specific environments”. In that way he challenged the traditional supposition of an alleged objectivity which was said to exist independently of particular subjects.^{518,519,520}

It has recently been suggested that JAKOB VON UEXKÜLL’S literary legacy might not be free of racism and anti-Semitism.⁵²¹ In fact, his published work contains no explicit anti-Semitic statements. His (unpublished) correspondence, however, does contain some such references but these are virtually confined to a few letters to HOUSTON STEWARD CHAMBERLAIN (1855–1927) during the years 1920–1922, when – caught in an existential (political, social, economic, and professional) crisis – he believed the notorious anti-Semitic forgery ‘The Protocols of the Elders of Zion’ to be genuine.^{522,523,524} His few relevant comments on this issue give evidence of his fear of an abstract conspiracy, but never of any consideration of concrete aggression toward individuals. In his important book ‘State biology’, published in 1920 and 1933, he stressed that “all human groups must be respected in their distinctiveness”.⁵²⁵ Aside from cultivating Jewish friendships throughout his life (BEER, COHNHEIM, ROTHSCHILD, GROSS, TREBITSCH)^{526,527} and having a Jewish mother-in-law,⁵²⁸ UEXKÜLL e unlike most of his colleagues – tried to prevent the dismissal of Jewish professors from German universities in 1933,⁵²⁹ argued publicly against racial anti-Semitism in 1936 and 1939,⁵³⁰ never joined the National Socialist party⁵³¹ or any anti-Semitic organisation (on the contrary, left the ‘German Noble Society’ because it fell in line with National Socialist racism and anti-Semitism in 1933),⁵³² was never involved in human experiments,⁵³³ and during World War II went into exile on the island of Capri, from 1940 till his death in 1944.⁵³⁴ Rather than being a proto-Nazi as has been

suggested, JAKOB VON UEXKÜLL cautiously but successfully tried to distinguish and prevent his biological theory from instrumentalisation of any kind: by vitalist, mechanistic, and social Darwinist ideologies as well as by National Socialist politics. Compared to his contemporaries, his contribution to the history of science may be considered one of the most relevant up to the present: as a forerunner or reference point of sociobiology, cybernetics, biosemiotics, theoretical biology, behaviorism, ecology, systems theory, psychology, and psychosomatic medicine.⁵³⁵

[[124] His son, THURE VON UEXKÜLL, was no Nazi either, on the contrary he was one of the first German physicians who after 1945 openly criticised medical wrongdoing during the National Socialist period, as well as the dangerous soullessness of mechanistic medical concepts.^{536,537} His grandson (THURE'S nephew), JAKOB VON UEXKÜLL Jr., a 1944 born Swedish-German journalist, in 1980 founded the 'Right Livelihood Award',⁵³⁸ which in 1996 was awarded to GEORGE VITHOULKAS - another proof of mental connection between the UEXKÜLL family and homeopathy.

Long before modern constructivists and neuroscientists started to claim that what we call reality is an image, idea, or illusion rather than an objective invariable world which would be one and the same for everybody,^{539,540,541,542} JAKOB VON UEXKÜLL sr. came to similar conclusions by means of his experiments with sea urchins and other marine and terrestrial animals. He demonstrated in an impressive way that every living being constructs and therefore has and commands its own subjective environment. How for example the environment feels or looks to a tick (*Ixodida*) can be deduced from its sensory and motor organs. The tick can only perceive and react to the sensual qualities of

warm or cold, up or down, and, the presence or absence of butyric acid. Accordingly, only such information has a meaning for the tick, while anything else is meaningless, not perceived at all, and thus, never becomes part of its subjective environment.⁵⁴³

Apparently, different animals attach different importance to phenomena that they perceive. But even the same individual may attach great importance to something only for a limited time, while at another time the same thing is considered to be unimportant. This difference in assessment depends upon the animal's inner state. When hungry, potential foodstuff gains the highest meaning within the perceptible world. When looking for a sexual partner, however, the perception focuses on different things, thus forming another subjective environment, as long as this preference lasts. The difficult point to understand here is that nobody can really know about anything like a neutral objective reality in which all animals would live and interact. Instead, each one is living in its own subjective environment, which is the result of a permanent construction process, depending on one's own prevailing inner state.

The basic unit of living, therefore, may be conceptualised as a "functional cycle", consisting of a sensory and a motor branch, with a circular semiotic process. According to its needs, the organism perceives signs from his environment to which he attaches a meaning and reacts in a way that affects and alters these signs, so that their meaning and thus the organism's environment change. Contrary and complementary to conventional causal-mechanic explanations, this new approach to understanding the interactions between animals and their specific environments is based on the concept of subjectivity. Hence, it is hermeneutic rather than deterministic.

THURE VON UEXKÜLL, carrying on his father's innovative approach toward a scientific comprehension of the living, elaborated this basic model of a "functional cycle" for the setting of human beings and supplemented it with the concept of a "situational cycle". Apart from an increasing complexity regarding additional psychic and social levels, as a major distinction of the human condition, he considered the possibility of the human mind, instead of directly responding to perceived signs, imagining a situation and rehearsing it mentally, without running a risk. To describe this specific human option in terms of systems theory, he coined the concept of a "situational cycle".

The real strength of the biopsychosocial model of the human being, however, – apart from considering humans as organisms that answer to signs rather than react to causes – lies in the capability to overcome the theoretical as well as institutional separation of physiological, psychical, and social problems of a patient. No matter which level of existence one is considering, be it biological cell function, interaction of organs, psychic communication, or social relationships, the semiotic model of attaching, processing, and transforming meaning of perceived signs and thus continuously reconstructing one's subjective environment, proves to be applicable in all cases. Since each cell, organ, organism, etc. has its own environment, its own order of importance, and its own code to detect and process meaningful signs, interactions between different systems or layers have to be interpreted as translation processes (from one system of codes to another) rather than causal-mechanic effects, which in the psychological and social dimension have no explanatory power, anyway.

The consequence of this model of semiotic and cybernetic processes underlying the permanent reconstruction of our environment is that everybody is living in his own

individual reality. Construction of a common reality is possible (e.g. between doctor and patient), but needs extra communication and translation of signs between the individuals and their subjective environments. To make things more complicated, each unit of a subject and environment also has its individual history, starting at the point in early infancy where the basic unity had separated for the first time, where both subject and object came into being, emerging out of non-existence, and came into the world.

Tracing back the development of the self, its senses, its first impressions, feelings, and conceptions, to the point where the systemic processes described in the biopsychosocial model were not yet running, but still had to be created and initiated, UEXKÜLL uses the German term “Stimmung” in order to characterise this original state at the fringe of scientific language and notions.⁵⁴⁴ This notion cannot easily be translated into one single English word, due to its many facets, such as mood, atmosphere, general feeling, sentiment, tone, or tuning.

Thus, a kind of tuning would be the precursor of any unit of communication, as the minimal form of being. Later, by means of socialization of the new born child, this preverbal experience will gradually be translated and transformed from a vegetative, to animal, and human level, when strategies and programs of perception and activities are generated to solve problems.

Conversely, even in adulthood any biopsychosocial state or conflict will always be constituted by a reproduction and realization of this original individual “Stimmung” and its destiny within the biography of the patient.

The relevance for homeopathy

[[125] This wording, which in other respects is not customary in conventional hard-core science, may remind the reader of the well-known definition of disease which SAMUEL HAHNEMANN (1755–1843) some 200 years ago had introduced while attempting to provide a tentative theory of his new science and art of healing. Disease, he said, is a detuning or derangement (“Verstimmung”) of the life-force, using the root of the same German term “Stimmung”. Accordingly, healing would be the retuning of the detuned life-force into its original state of tuning.^{545,546}

When HAHNEMANN tried to explain to his contemporaries in theoretical terms what he had found and what he was doing in practice, the medical theory of his time was just about to abandon traditional notions and concepts, such as semiology,⁵⁴⁷ teleology,⁵⁴⁸ and vitalism, and to embrace modern ideas and programs, such as causality, mechanism, and materialism. HAHNEMANN, living and operating at the interface of two epochs, availed himself of heterogenous components of medical theory in order to connect to the scientific discourse of that transitional period. This is why some of HAHNEMANN’S conceptions today seem antiquated and outdated, some modern and progressive, and some postmodern, revolutionary, or even perennially valid.⁵⁴⁹

Homeopathy at large, however, is still left wanting a consistent and conclusive theory. In fact, due to the lack of awareness of its theoretical roots, homeopaths easily tend to capitulate when exposed to criticism and try to comply with the demands of what they think is current scientific standard. Traditionally, they are used to think that causes are the most important issue in medical treatment.⁵⁵⁰ To prevent being alienated from one’s own practical experience by inadequate theoretical objections, however, a good understanding of the strength and weakness of the

respective theory is required. With the biopsychosocial model of the human being today most of the refutations on the part of conventional scientific medicine may be rebutted. That way, a new self-confidence could arise amongst homeopaths whenever they become aware that what they are doing in practice is in full accordance with the most coherent, significant, and up-to-date model of medicine.⁵⁵¹

As long as one clings to the conceptual framework of conventional medicine, it is virtually impossible to make sense of most of the traditional homeopathic terms and concepts, such as life-force, detuning, dynamic action, semiology, idiosyncrasy, etc. However, since they can be translated into the language of the biopsychosocial model and understood and verified within its framework, the problem lies more on the side of conventional medical theory than on that of the homeopathic method and practice.

In order to prevent misunderstanding and misinterpretation, homeopaths would be well advised to avoid HAHNEMANN'S misleading terms and substitute them by theoretically consistent expressions.

Developing a new theory of homeopathy

Some examples may illustrate the potential of the biopsychosocial model for a new theory of homeopathy.

- Terms and concepts such as life-force, life-principle, or vital force are incompatible with the methodological reduction of conventional medicine based on mechanism, materialism, and positivism. In the biopsychosocial model, however, there is no problem in admitting vitality as a constitutive dimension of all living phenomena. In fact, its entire theory is based on it. But for theoretical reasons, it is

much better to call it intentionality or “subjectivity”. Conceptualised as autopoietic program of control loops or redefined as an emergent property of a living system, this term can be more easily connected to other sciences.⁵⁵² If reinterpreted from a systems theoretical and semiotic perspective, in fact, HAHNEMANN’S basic idea actually looks quite modern.

- Individual differences in the susceptibility, constitution, and disposition of patients are a fundamental problem for conventional medicine, whose major methodological tests are based on comparison of means tests against the background of the cause-effect-impact paradigm. The fact that human individuals, according to their present state and personal history, respond differently to one and the same substance, however, is entirely compatible with the biopsychosocial model with its basic semiotic process of “functional cycles”. According to one’s inner state (including the memory of past stages of individual development), a patient may at one moment attach high significance to one particular remedy, while at another time, according to his changed state, attaches highest importance to another. A *Staphysagria* state may not last forever, but might change to a *Pulsatilla* state, for example.

- While in this case conventional science would focus either on supposed causal effects on the level of molecular biology or jump to psycho-social imputations, such as hypochondriasis, auto-suggestion, or *placebo*-effect; in the biopsychosocial model the patient is considered as an integral unit and his reaction toward a remedy is understood in a uniform (semiotic and cybernetic) way, covering all his layers of existence simultaneously. Contrary to the conventional paradigm, according to which without material substance no drug effect would be possible, in the biopsychosocial model even the controversy about

ultramolecular dilutions is irrelevant. Its starting point is not a putatively objective world of matter, but the subjectivity of the patient who attributes and processes subjective meaning to whatever phenomena he likes or needs, be it material or immaterial information. Not the remedy acts, but the patient! And anyway, he at least has to be accepted as real.

- To make this last point clear, the terminology of medicinal “potencies”, pathogenic “agents”, or morbidic “influences” is highly misleading. It rests on the conventional materialistic assumption (from which HAHNEMANN could not disengage himself completely), that external entities have causal effects on the patient. Except for overwhelming physical or chemical impacts, as by mechanical violence or high doses of suppressive drugs, in regulatory therapies without the subject of the patient remedies would not be involved in the “functional cycles” which at every moment constitute the present state of the [126] patient. Strictly speaking, the germ is not the protagonist, but the individual subject is the “agent” who falls ill when exposed to certain things that he associates with morbidity. It is not the remedy that causes the cure, but the individual subject has the potential to react to particular perceptions and meanings of drugs by way of aggravation, amelioration, or healing.

- Although HAHNEMANN did use these conventional terms, which obscure rather than elucidate his truly semiotic phenomenological approach, on the other hand he repeatedly emphasised the “dynamic” or “spirit-like” interaction between patient, pathogen, and remedy. Although his concept of “dynamic” was vague and blurred, it was absolutely clear to him that homeopathic healing transcends the categories of conventional physical, chemical, mechanical, material, or atomistic thinking.⁵⁵³ All

the more today's homeopaths should not relapse and waste resources in arguing against conventional causal-mechanical objections and concerns. In spite of its complexity, the dynamics of the semiotic processes underlying drug proving and the art of healing are perfectly represented in the biopsychosocial model.

- To give an example from real life: If a particular individual feels sick after looking at a certain picture, it is not a causal effect of the picture that could be reproduced in double-blind studies or the like, but the individual sensitivity, disposition, history, etc. of the patient and his particular dynamics of attaching and processing meaning to the phenomena he encounters, that tips the scale. Interestingly, HAHNEMANN literally speaks of “psychic organs”,⁵⁵⁴ indicating that he consciously used the same terms and concepts to explain dynamic action on the physical as well as on the psychic level. For conventional medical theory this mix of notions and levels might be a nuisance. In the biopsychosocial model, however, it is understood in principle that the dynamics of the subject are the same on all levels and in all dimensions.

- For HAHNEMANN the aim of the homeopathic treatment was to restore the patient's health, more precisely, to restore him to the original state in which he was in his healthy days. Importantly, HAHNEMANN did not mind whether the recovered patient became mild or rough again, good or bad, bashful or shameless, etc.⁵⁵⁵ Contrary to conventional academic science whose traditional job has always been to establish generally valid criteria and rules to impose on everything and everybody, HAHNEMANN'S appreciation of the irreducible individuality of the patient's identity makes him a forerunner of the biopsychosocial model. Ahead of his time, rather than proposing abstract normative ideas of health or the like, HAHNEMANN was

aware that each subject has an individual kernel or tuning which cannot be changed by therapeutic means.

- The biopsychosocial model explains why and how every individual, together with his subjective environment, emerges from a basic tuning (“Stimmung”) in early infancy, which in turn will accompany the person in any subsequent state experienced throughout his life. Regardless whether the nascent being originally felt frightened, relaxed, curious, greedy, etc., as long as the adult manages to keep his genuine subjective environment coherent, he is healthy. Every subject will forever try to harmonise (“abstimmen”) his first imprinted state with the situations and phenomena with which he will interact in his later life. Disability to adjust and match one’s own individual tuning and one’s subjective environment, would result in disease. If we translate HAHNEMANN’S awkward notion “life-force” into the dynamics of functional and situational cycles connecting the subject with his environment, we find his basic concept expressed in updated scientific language.

- Finally, major theoretical positions of HAHNEMANN, like his teleological, deistic, and semiotic reasoning, will remain incomprehensible as long as they are assessed from the view of conventional scientific thinking. From the perspective of the biopsychosocial model, however, it does make sense when HAHNEMANN maintains that the only scientific approach to the patient’s state is through the physician’s perception of his signs and symptoms. Also his painstaking practical directions concerning drug proving, case taking, and follow-up can hardly be appreciated against the background of conventional medicine, which for intrinsic reasons would willingly confer this labor on questionnaires, checklists, and computers. With the biopsychosocial model, however, it can be understood and demonstrated, that semiotic cycles are omnipresent and

that doctors have to be aware of them, in their empathic relationship to patients as well as when watching the interaction between human beings and the remedy they require.

Conclusion

To conclude this account of how the biopsychosocial model of the human being could boost homeopathy's long-neglected task of developing a new scientific theory, it may be remembered that theory is not just theory and practice is not just practice. Without always considering the other as well and being aware of the basic unity and dynamic connection of all dualities, as the biopsychosocial model suggests, we would never understand in scientific terms the fundamental interplay between theory and practice, between subjects and their environment, or between the patient and the remedy. HAHNEMANN obviously understood these things in his heart.

Nevertheless, the theory of homeopathy still lacks coherence ("Stimmigkeit") and conclusiveness. It consists of a wide range of different concepts and contains components of contradictory paradigms. What homeopathy needs is a revision of its theoretical armamentarium, in order to meet the demands of the day, to be able to present itself as a legitimate science, connecting and communicating with neighboring fields of science.^{556,557} As the history of medicine shows, theoretical consistency, plausibility, and persuasiveness are the basis for social, political, and institutional recognition.⁵⁵⁸ As outlined, these aims might be achieved by adopting the biopsychosocial model of the human being as a conceptual framework for a new theory of homeopathy.

[Notes]

[[121] *Revised version of a paper presented at the '1st European Congress of Homeopathy' in Riga, Latvia, on 19 May 2011.

* Received 19 June 2011; revised 9 January 2012; accepted 6 February 2012

Evidence and excellence of homeopathy

Revised and revisited

In: Proceedings of the 68th Congress of the Liga Medicorum Internationalis Homoeopathica, Quito, Ecuador, 4-7 June 2013, pp. 1-5

Introduction

[[1] Many practitioners of homeopathy may have noticed during their professional career, that without a good theory one is lost in a complex world of puzzling phenomena.

While founding homeopathy 200 years ago, HAHNEMANN was in a similar situation: on a medical plane he had to replace the prevailing doctrinal disorder by a new rational and beneficent medical theory. Equally, we are challenged today to overcome the drawbacks of our healthcare system by means of a comprehensive critical theory – however, not on a medicinal level only, but also from an epistemologic, sociologic and economic perspective.

While HAHNEMANN could limit himself to argue just in terms of medicine within a comparatively consistent professional community, meanwhile traditional premises have since fallen apart, rolled over by major socio-economic changes. For example, although today everybody is striving for and talking about “evidence” and “excellence”, these notions are used (and misused) by partisans of antagonistic interests in an equivocal way. The real challenge is now, first of all, to uncover and dissolve this entanglement of concepts.

Analogously to the approach taken by HAHNEMANN, we may now (1) first describe and analyze the present state or situation, (2) then try to find – by its symptoms – its core,

essence, or the gist of the matter (in HAHNEMANN'S terms "the underlying miasm"), and (3) finally reflect about strategies of treatment and the chance of recovery.

Due to the shortage of time it will only be possible to outline in brief statements some major problems and paradoxes and suggest preliminary hints towards an argumentation that may help to defy and possibly solve them. Further explications and elaborations may be found in my published works and in forthcoming research still to be done on this topic.

(1) Anamnesis

Looking at homeopathy from the perspective of a homeopath, its history and achievements may appear to be a big success story: A 200 year old existence, spread over the whole world, curing of millions of patients from all kinds of diseases, institutionalisation, professionalisation, scientific research, etc. From an opponent's point of view, however, homeopathy has for 200 years failed to prove its scientificity and thus demonstrated that its claims are wrong and its results not distinguishable from *placebo* effects.

It is one of the most striking paradoxes in the history of medicine that what a homeopath considers to be "evidence" of efficiency and "excellence" of practice, would be evaluated by a so-called modern sceptic as random hits and as magical or spiritual, at any rate unscientific treatment. To be sure, in order to avoid errors as well as fraud in medicine there must be some kind of critical appraisal and control of therapeutic claims and successes. However, the currently [[2] predominating standards for assessing the scientificity of a medical therapy, established under the name of 'Evidence-based Medicine',

obviously are lacking criteria to perceive, understand, and appreciate the accomplishments of homeopathy. This blind spot in the categorial concept of 'Evidence-based Medicine' may be illustrated with some examples.

As ANDRÉ SAINE has outlined in his forthcoming work 'The Weight of Evidence. The Extraordinary Success of Homeopathy in Epidemics', there are statistics from more than 7,000 references (out of more than 25,000 volumes of homeopathic literature) demonstrating that homeopathic treatment during epidemics was in the last 200 years constantly correlated with a very low mortality rate (almost always under 3 %), regardless of the physician, time, place, or type of epidemic disease, including diseases with a very high mortality rate (up to 50 % and more), such as cholera, smallpox, diphtheria, typhoid fever, yellow fever, and pneumonia, thus constantly outnumbering the (much higher) mortality rate under allopathic treatment. Despite this ample documentation of homeopathy's effectiveness, low cost, and safety, however, proponents of evidence-based medicine consider this kind of observational studies simply as anecdotal and thus not convincing.

The same defensive strategy is used by sceptics against the overwhelming mass of individual case reports describing quick and totally unexpected recoveries from sometimes very serious diseases. Till the year 1840 already 3,800 cases were published in a nine-volume series by DAVID ROTH in Paris. Since then, the number of cases may likely have increased by 50 to 100 fold. Perhaps 10 % of these cases may document extraordinary outcomes worthwhile further investigation (A. SAINE). Despite the mass and accuracy of the existing documentation of both historic case reports and contemporary outcome studies (C. WITT etc.) and the robustness and magnitude of the effect of homeopathic treatment, hardliners of 'Evidence-based

Medicine' argue that as long as studies are not blinded, randomized, and *placebo*-controlled, their results are not reliable, not compelling, and thus irrelevant.

If, however, clinical studies are well designed and well-done according to these requirements, then – if they have a significant positive result (FREI, BELL etc.) – it is argued that without independent replication by others the finding may simply be due to random chance and thus meaningless and unconvincing. In any case the burden of proof would lie on the side of the homeopaths.

Meanwhile, in order to raise the threshold into infinity, out of any reach of homeopaths, so-called scientific sceptics advocate a substitution of 'Evidence-based Medicine' (EBM) by the stricter concept of 'Science-based Medicine' (SBM). According to that, also positive results of randomized clinical trials (RCTs) would no longer prove anything if their underlying rationale is not plausible to modern scientists. Since, according to their view, homeopathy is based on implausible principles such as the laws of similarity, infinitesimals, miasms, etc., any positive result of any future study whatsoever based on premises like that would henceforth – *a priori* – be judged as futile and irrelevant.

On the other hand, if randomised clinical trials related to homeopathy fail to have a significant result, the same advocates of so-called 'Science-based Medicine' agree with the (definitively false) conclusion of a meta-analysis published in the most prestigious, supposedly scientific medical journal, 'The Lancet', in 2005, under the title 'The end of homeopathy' (SHANG). In that case, only [[3] eight studies attributed to homeopathy were analysed at all, however, none of them represented the principles and practice of genuine homeopathy, i.e. individualized remedies and potencies, long term treatment, etc.

These few examples may suffice to illustrate the intricate and desolate position in which homeopathy, for its adepts a clearly rational and beneficial system of medicine, has gotten within modern medicine's questionable scientific framework utmost antagonistic to and ignorant of homeopathy's evidence and excellence.

(2) Diagnosis

True science, however, never stops asking. So at this point the question may arise: What is the cause, the reason of that? Is there a system, a logic behind it?

Drawing on the knowledge and methods of most advanced modern sciences, such as epistemology, quantum physics, chaos theory, systems theory, and history of science, today it seems clear that the mechanistic and materialistic Cartesian and Newtonian approach is not able to cope with the systemic, non-linear, and complementary conditions of living beings. Nevertheless, since the nineteenth century conventional medicine has been essentially based on this kind of reductionism and is chasing after quantification, standardisation, and reproducibility of medical actions, although this purely technical approach comes from and indeed makes sense only in the factories of industrial mass production.

To understand the connection between medicine and industry, not only natural sciences, but also social sciences have to be consulted. History of medicine for example can show in detail how modern conventional medicine emerged in strict parallelism with the rise of industrialisation, mechanisation, and technologisation of all aspects of modern societies. At the same time, traditional holistic approaches were relegated to the fringe.

Sociology can go one step further and explain that what any society generates during a certain epoch depends on the way its members socialize with each other. This socialization process is on the one hand being performed by individuals, on the other hand it actually creates, brings forth, and constitutes the individuals participating in it. Thus, according to its basic paradigm or way of thinking, a society may breed human subjects whose values, ideals, and convictions are totally different from those of another one in another century or country.

The science of economics may now teach that money is not a thing, a substance, or something owning an intrinsic value, but just a form of thinking. More concretely, it is the form of thinking in which modern capitalistic societies socialize their members. Since virtually everybody is subjected to this socialization process from infancy, there is actually no escape, it is, (looked at it this way), totalitarian – comparable only with our first exposition to our native language which was certainly already present, spoken by others, and prior to our conscious realization that we have just learnt and thus reproduced it.

Together with the insights of other sciences, such as sociology and theory of science, this means, that our view of the world, especially the modern (allegedly enlightened and objective) scientific world view, is mainly constituted by our thinking in terms of money, since all our thought processes have ever since been infiltrated by it.

[[4] History of science can actually prove that the emergence of modern natural science in the seventeenth century coincided with fundamental socio-economic changes triggered by a raised status of money (as the predominant form of thinking). Accordingly, the basic attitude of modern scientists towards nature is no longer respect and the wish to live in harmony with her, but the

temptation to prise out her secrets (with screws and clamps) and control her – because money may be made with inventions based on knowledge gained in that fashion. Quantification, mathematization, standardization, reproducibility, materialism, positivism, reductionism, etc., i.e. concepts on which conventional modern science and, from the nineteenth century, conventional modern medicine are essentially founded, would make no sense without the context of the socialization process in terms of money in modern capitalistic societies. To indigenous cultures, these concepts must seem absurd, even today.

As it turns out that, instead of human individuals, money – as a form of thinking – is the real protagonist of history, controlling and exploiting everything, including sciences and medicine, it may be clear now as to why homeopathy must have many enemies. On the one hand, pharmaceutical companies, aiming for mass production of standardized medicines, and scientists sponsored by them are defending their financial claims. On the other hand, newcomers are surging onto the market in order to make profit with any kind of innovation, no matter whether allopathic or naturopathic, disdaining the traditional as rivalry. Both, conservative and progressive players, are money-driven and insofar oblivious to anything else, at any rate to truth in the traditional sense, as well as to homeopathy.

To understand the difference in principle between the traditional and the money-driven world, history of philosophy provides two helpful notions coined by ARISTOTLE. Far from denying any use of money whatsoever, he had a positive view of *oikonomía*, the moderate exchange of money and commodities, based on barter and temperance, while he rejected *chremastiké*, the self-referential art of money-making, just for the purpose of

money-making, detached from any other meaning, because this, he maintained, is against the nature of man.

HAHNEMANN had a quiet similar view, as can be deduced from the sources history of homeopathy preserves. Earning and spending money was always just a means for him to make a living for his family, but never an aim in itself. And, most important and contrary to modern conventional medicine, money as a form of thinking never infiltrated his medical theory. He was lucky insofar to live at a time when monetarisation and industrialisation did not yet play a predominant role in his country (Saxony). And homeopaths may consider themselves lucky to have HAHNEMANN as a beacon reminding all subsequent generations that it was (and still should be) possible to found a method of healing free of monetary thinking.

By contrast, in modern capitalist civilizations the basic intention pervading all realms of life and culture, the utmost incentive, end, and merit is the turnover and multiplication of money, called economic growth, to be measured, of course, by the gross domestic product. Apart from relatively few people who selflessly lived for higher ideals, including some good-hearted pioneers of science and medicine, the majority of people unconsciously pursues this trivial way of living.

(3) Treatment

[[5] Looking for options to untangle or even dissolve the spoiled situation, it is important to be fully aware of the perverted condition in which people of modern industrialized civilizations are living. Due to the all-embracing dominance of money, it is no longer human individuals that are deciding freely and autonomously what to do and what not to do. But just like a virus causes the

infected cell to enable the intruder's unlimited proliferation (for the benefit of the virus only and on the cost of the cell and the entire living organism), it is money – as a form of thinking – that prompts human individuals, (be it economists, politicians, or scientists), to think and act and argue in a way that safeguards the unchecked multiplication of money rather than the health and welfare of its servants. Under these circumstances, trapped and remote-controlled subjects, when engaging in science, fixate on single sciences and shield themselves from others.

On the contrary, applying all sciences, (as has been outlined), in a balanced and constructive way, may be a way to make the limitations of certain points of view and especially their monetary reasons clear and evident. As the history of homeopathy records that HAHNEMANN, in the course of founding homeopathy, had to refute one-dimensional dogmatism as well as the arbitrariness of medical pluralism by actually transcending their horizon, homeopaths today are still challenged to develop the spirit and courage to criticize and supersede crude and money-driven paradigms by more appropriate concepts and good practice.

Theory of medicine, another science neglected by conventional medical fundamentalists, has shown that medicine, rather than being an applied cognitive science, has always been a practical science on its own part. This means that its principles and maxims may never be tested in a laboratory, but always only in concrete therapeutic contexts. HAHNEMANN knew that. And with this in mind, he openly admitted that potentized remedies do not act chemically, physically, atomically, mechanically, etc., thereby accepting that there may never be anything found that is measurable, such as molecules or the like. Instead of despairing over the incompatibility with rude mechanistic

concepts, he self-confidently continued and perfected the excellence of his practice and theory.

To be able not only to master but also to criticize different sciences and apply them in a balanced and beneficial way and at the same time avoiding the pitfalls of misleading concepts of medicine and science, obviously requires an artist of science and medicine. In his self-conception as an artist of healing HAHNEMANN connected with the perennial tradition of good clinical practice reaching back to HIPPOCRATES. That way he left his successors an ever lasting example of how to counter the impositions laid on homeopathy by modern concepts of evidence and excellence.

Instead of wasting resources on trying to achieve the impossible, i.e. convincing narrow-minded one-dimensional fundamentalists of science, homeopaths may continue and perfect their way of practice and documentation as their master did, unimpressed by objections on the part of those who are unable or unwilling anyway to see and appreciate what homeopaths are doing.

From a historical perspective of centuries, by all means, it seems more than likely that the current Gold standard for evidence and excellence in conventional medicine will elapse, while the evidence and excellence of good homeopathic practice will persist – thus once again proving true the immortal dictum of HIPPOCRATES: “*Ars longa, vita brevis*” (the art is long, while life is short).

New approaches within the history and theory of medicine and their relevance for homeopathy

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[Abstract]

[[153] Conventional sciences have brought forth a wealth of knowledge and benefits, but they have not always been clear and precise about their legitimate scope and methodological limitations. In contrast, new and critical approaches in modern sciences question and reflect their own presuppositions, dependencies, and constraints. Examples are quantum physics, theory and history of science, as well as theory and history of medicine, sociology, and economics. In this way, deprecative dogmatism and animosity amongst sciences ought to be lessened, while the field opens up for each science to redefine its appropriate place in society. This would appear to be a chance for homeopathy, as new approaches, especially within the social and economic sciences, suggest that being a follower of SAMUEL HAHNEMANN (1755–1843) may have advantages and privileges that conventional medicine seems to be lacking and whose relevance was overlooked during the rise of economic thinking in the last two centuries.

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Keywords

History of medicine, theory of medicine, homeopathy, Samuel Hahnemann, social sciences, history of economics

Introduction

Basic research in medicine is commonly associated with laboratory, clinical, and epidemiological studies undertaken by highly specialised natural scientists. However, under the postmodern conditions of late capitalist societies, the assessment and development of medicine is no longer reserved to medical experts alone. Instead, a multitude of actors, from lawyers and politicians to economists and traders, are shaping the future of medicine. Accordingly, besides the natural sciences, the humanities are increasingly gaining relevance to observe and eventually supervise the many changes to which medicine is subjected at present. To be sure, within the social sciences basic research is also necessary and, in fact, under way. Against the background of relativism of values and crisis of authority, today every science permanently has to question and reassure its own basis, scope, and destination. Generally, a high level of dynamics in any field may signify problems, but also good prospects – for those who know how to profit from them. In particular, within the currently changing scientific landscape, homeopathy is being challenged to find and redefine its appropriate place – potentially with the help of new approaches within the history and theory of medicine.

Since its founding by SAMUEL HAHNEMANN (1755–1843) some two hundred years ago, homeopathy has accomplished impressive achievements. Examples being the curing of countless diseases, individually as well as in epidemics,⁵⁵⁹ popularity among millions of patients all over the world, political successes, professionalisation and institutionalisation,⁵⁶⁰ and scientific research, from case studies and clinical trials to basic laboratory research.⁵⁶¹ Nevertheless, recognition and full appreciation by conventional medicine is still lacking.

How can this paradox be explained, how can it be resolved? The thesis suggested in the following is that conventional medicine's rejection of homeopathy's claim of being a scientific medicine stems mainly from an inaccurate understanding of the scope, task, and limits of [154] sciences, and their appropriate status in our lives. On the other hand, if we actually take all sciences as tools for cognition and practice, rather than as authorities forcing us to subdue ourselves under their implicit reductionist world-view, and if we apply their critical approach to themselves, to their specific methodology and limited horizon, up to the point that they reveal their own presuppositions and restricted validity, we may regain a fresh and uncaged look upon reality.

Theory of medicine

Starting with the most certain and least disputed fact among homeopaths: Homeopaths are practicing homeopathy, are they not? But what does this mean, what are they actually doing? Is a simple, general answer possible at all – or is any answer dependent on theory?

The usual assessment given by conventional medicine, the science closest to and yet most uncomprehending of homeopathy, reads approximately as such: Homeopaths are not using material medical substances, but ultramolecular dilutions. They do not prescribe according to conventional diagnoses based on objectifying technologies, but according to subjective complaints and idiosyncrasies. And instead of trying to remove material causes of diseases, they treat according to the principle of similars, which would not be considered scientific. Since clinical trials conforming with the gold standards of evidence-based medicine, such as randomised double-blind studies, generally are said to not show a significant difference

between homeopathic and *placebo* treatment, conventional medicine quickly concludes that homeopaths are practicing *placebo* therapy.

This statement, however, cannot be considered to be scientific – as long as it does not mention its own presuppositions and limiting framework. Correctly stated it should read: Under the premise of a naive materialism and the quantitative statistical method, neither homeopathy nor *placebo* therapy may adequately be assessed and understood, because they may possibly be phenomena escaping the conventional set of scientific categories.

A rebuke of ungrounded claims and pretensions by conventional medicine, however, should not be misunderstood as a rejection of the modern scientific method at large. The method of systematic observation, measurement, and experiment, and the formulation, testing, and modification of hypotheses, as it is successfully performed in physics, chemistry, as well as in conventional medicine, proves to be very efficient and nobody likes to abandon their achievements.^{562,563} The simple, but crucial problem is that these positives become undermined by a dark and threatening side for humanity, when its instrumental function is forgotten and the whole world, including our lives, would be considered to be nothing more than what scientists are capable measuring and outlining on their tables.⁵⁶⁴

In quantum physics, one of the most sophisticated and consistent branches of natural sciences, the scientific approach has long ago arrived at the point where the basic assumptions of conventional sciences, their simple realism, objectivism, and materialism, have proved to be untenable. Instead of still hoping to find out whether “reality” essentially consists of particles or waves, scientists can

show that the act of measurement, rather than detecting allegedly objective entities, leads to a collapse of the system as a whole and constitutes and fixes nothing but a man-made image of the world. If the scientist asks nature questions appertaining to particles, she provides him/her with particle data, if he/she asks questions regarding waves, her wave responses will induce him/her to create a wave-based view of the world, etc.⁵⁶⁵

The same scientific insight, relativising conventional science and putting it in its proper place, can be found in modern biology, in the form of radical constructivism. Perception is here no longer deemed a passive reception of data coming to us through the senses from an allegedly objective world outside, but rather a reconstruction process run by the subject, depending on his/her disposition, interest, history, etc. Accordingly, dogmatic concepts, such as truth, reality, or objectivity, are replaced by the pragmatic criterion of viability, i.e. the test whether an idea or conception actually works in practice or not.^{566,567}

Modern theory of science addresses these issues in a more general but equally uncompromising way. While positivism, critical rationalism, and general constraints of methodology have been effectively refuted,⁵⁶⁸ in mathematics the establishment of the incompleteness theorem demonstrated the inherent limitation of all axiomatic systems.⁵⁶⁹ Within philosophical logic it could be shown that any science rests on presuppositions that cannot rationally be derived from itself.⁵⁷⁰ Pioneered by the elaboration of “thought styles” and “thought collectives” underlying any so-called scientific fact,⁵⁷¹ in epistemology today it is widely accepted that science is basically a social process, operating successfully within the scope of certain

paradigms. These, however, have no absolute validity but can be and in fact have been revolutionarily changed from time to time, as may be shown by the history of science.⁵⁷²

Theory of medicine, inspired by these insights, has emerged as a discipline on its own right and developed significantly during the second half of the twentieth century. Contrary to the conventional assessment of medicine as nothing but an applied natural science, it has now become accepted that medicine has to be considered a practical science *sui generis* – corresponding to the traditional concept of the art of healing. Since medicine is primarily constituted around the assignment of the physician to help the patient, i.e. around the doctor's duty to act or to give advice, acquisition of knowledge may never be a detached goal in itself, but has only a secondary status, as a means to facilitate the primary aim of beneficent action.⁵⁷³

Apart from the clarification of its current status, modern theory of medicine has also developed concrete models to broaden its approach to, and the comprehension of, its genuine object, the human being. To that end the suggestion has been made to introduce the concept of subjectivity, i.e. the human subject, into medicine.⁵⁷⁴ Along these new lines of thinking, the biopsychosocial model of the human being was expounded as a possibility to perceive and to treat the patient as a unity of physiological, mental, and [[155] social levels of existence, as well as a unity of a human subject and his/her individual environment. Contrary to the conventional reification of people as mechanistic physico-chemical automatisms, here life, illness, and healing of the patient are understood in terms of a process of meaning, functional and situational cycles, etc.⁵⁷⁵

By means of this dynamic model of man, which today in the theory of medicine is considered to be one of the most sophisticated and consistent,⁵⁷⁶ the practice of homeopaths may be described and understood in a most suitable and illuminative way. Instead of taking material entities, such as human bodies, diseased organs, and medical substances, as a basis of thinking, the functional, cybernetic, and semiotic approach to the phenomena of the living, advocated here, can acknowledge patients as living beings constructing their world and actual state by their performance of attributing and processing meaning. For example, when the patient is in a state requiring a specific remedy, the physician detects this peculiar need by means of a semiotic interpretation of his/her symptoms and offers him/her that remedy – and the patient, by performing a functional cycle of processing the remedy's information, ultimately cures himself/herself. Therefore, it is not the remedy that is healing the patient, but the patient himself/herself (by means of the remedy), because he/she is the only living protagonist in this process. And it is not the disease or the symptoms that determine the right remedy, but the physician, because actions, such as finding and choosing a remedy, can only be accomplished by a living being.⁵⁷⁷

The most striking difference of this sound and up-to-date model of man, in comparison to the conventional materialistic one, is that it may represent and explain what homeopaths are doing in a scientific way – without being handicapped by materialistic objections and scepticism. When processes of meaning are primary in the world of the living, it appears to be secondary whether medicinal information perceived and processed by the patient is physical, chemical, or virtual – as long as it exactly represents the meaning upon which the patient is fixated in his/her current state or process. In addition, the terms and

concepts suggested by the biopsychosocial model might provide a valuable tool for homeopaths to scientifically clarify and specify their own understanding.

History of medicine

But how is it that this most advanced and scientific view of the human being is nothing like as well known and widespread in the medical community as the conventional, comparatively trivial, materialistic one? To answer this second paradox, the medical and natural sciences have to be put aside for a moment and the social and moral sciences, the humanities, considered as well.

From the perspective of sociology, humans are social beings, i.e. they associate and socialise, building up societies – in a specific way. While conventional sociology naively used to examine societies, as if they were neutral objects of research for independent scientific observers, new and critical approaches are stressing the mutual interdependences between individual subjects and society as a whole. Since a society is not an aggregation of material things, but the result of mental processes of meaning, performed both individually and collectively, its form and existence depend on its own reconstruction process by its subjects, who in turn are constituted by an incessant collective construction and upholding of meaning.⁵⁷⁸

An example from communication science may make this point clearer. Exceeding conventional linguistic approaches with their analyses of words and phrases (as if they were objective entities), from an advanced critical perspective, language appears to be a social phenomenon. It needs intersubjectivity, i.e. dialogue partners, and cannot be created or developed by a solipsistic person on a lonely

island. Even a hermit can only converse with himself/herself or his/her God, if he/she has before learned to speak in a social framework: with his/her mother, family, friends, or colleagues. We are actually born into our language. It is first and we, as its speakers, are second. That way, it constitutes us as native speakers of German (as in HAHNEMANN'S case) or English, etc. Language is a process of meaning, whose actuality depends on the performance and participation of its speakers. On the other hand, to understand what language is, one cannot approach it from outside, from an allegedly neutral position, but has to participate.⁵⁷⁹

Applied to homeopathy, these intermediate results from critical social sciences suggest the conclusion that, analogously, there may be no way to understand homeopathy without participation, i.e. without truly practicing it. Nevertheless, when language, science, and homeopathy are social processes of meaning, the question arises: What kind of meaning is being processed here, and in what mode and manner?

At first glance, economic science does not seem to have anything to do with this issue, but taking a deeper look, it turns out that economy has a tremendous impact on virtually every realm of our lives, from the way we view ourselves to the way we run our sciences.

Conventional economics, as it is commonly taught at universities and business schools, claims to explain economy in terms of scarcity of goods, practical constraints, and money as a means of barter – as if commodities, merchants, and markets have always existed. Egoistic self-interest of people is not being questioned, but presupposed and thus sanctioned, while economic problems are examined and treated in a way an engineer would analyse and fix a machine running independently of

himself/herself. To be sure, this seemingly objectivistic view is not objective but highly biased. It serves as a plea for the freedom of markets, as does the ideology first suggested by ADAM SMITH (1723–1790), the appealing promise that a kind of “invisible hand” would transform the results of selfish economic players into the wealth and welfare of nations.⁵⁸⁰ Meanwhile, however, financial and economic crises all over the world have sufficiently shown that this is not the case.⁵⁸¹

Trying to get to the bottom of the issue, it turns out that money is not a thing, a substance, or anything owning an intrinsic value, but a form of thinking, a mode by means of which people socialise in modern capitalist societies. [[156] Just as we always find ourselves in the midst of the language spoken in our country, we always find ourselves in the midst of a specific form of thinking in terms of money. As we cannot learn to speak without participating and accepting the language spoken in our infant environment (our mother tongue), we cannot learn to think and calculate without participating and accepting the logic of money as the origin of our basic logical categories.⁵⁸²

Together with the insights of critical sociology, theory of science, constructivism, etc., this means, that our view of the world in which we live is mainly constituted by our thinking in terms of money. Since money is nothing more than an abstract form of thinking, it can actually transform everything it touches into a commodity. Contrary to living beings or physical goods, money is free of qualitative attributes, it is bare abstract quantity, yet can be augmented by smart trading or by means of interest. While natural resources are limited and cannot be infinitely proliferated, money can and indeed exerts the inherent temptation to do so.⁵⁸³

Hence, in capitalist civilisations the basic intention pervading all realms of life and culture, the utmost incentive, end, and merit is the turnover and multiplication of money, called economic growth. To that aim, almost everything and everybody is prone to be considered as a means for financial gain. Physicians, as well as pharmaceutical companies (if they like it or not), are tempted to use patients as a means to make money. Scientists (if they like it or not) tend to deliver results that meet the expectations of their sponsors. Needs for new products (healthy or not) are incessantly created by advertising – for the main purpose of acquiring new consumers.⁵⁸⁴ Significantly, the gross domestic product, as the grade of monetisation of life, is considered as an indicator of the standard of living. However, it is only a quantitative measurement, ignoring all the qualitative dimensions life may have.

The predominance of money, however, is not inevitable, as in the case of an anthropological constant or its like. The science of history may teach that it was not always the case, at least not to today's extraordinary extent. Misleadingly, in conventional historiography, greediness for money was usually imputed to all epochs likewise or ignored entirely. By means of a comparative approach, however, involving the history of economics, it becomes obvious how many profound and dramatic cultural and scientific changes had occurred in strict correlation with the rise of modern monetary thinking during the last centuries, up to the present.

Roughly speaking, during the Middle Ages in Europe, agriculture and subsistence economy prevailed, and money, in the form of gold or silver coins, played no prominent role. The majority of Europeans lived, worked, ate and drank and helped each other mainly on the basis of

Christian conventions and morals – without interposing money or financial calculation upon their actions. The sick and invalid were cared for in their families or in hospices of fraternities, and healers, if available, were paid in kind. As soon as the first stock markets were founded and bank notes printed, however, a hitherto unknown inquietude, agitation, and dynamic emerged, aroused by the historically new incentive to proliferate money by means of bold trades and investments. This resulted in the discovery and conquest of new continents, colonisation and slavery, as well as exploitation and contamination of nature.⁵⁸⁵

It was in the wake of these fundamental changes of living, striving, and judging, triggered by the new status of money as the predominant form of thinking, that the modern natural sciences emerged – by means of an explicit emancipation from traditional teleological thinking. Since FRANCIS BACON (1561–1626), the basic attitude of modern scientists towards nature is no longer respect and the wish to live in harmony with her, but the temptation to prise out her secrets (with screws and clamps) and control her – because money can be made with inventions based on knowledge gained in that fashion. Quantification, mathematisation, standardisation, reproducibility, materialism, positivism, reductionism, etc., i.e. concepts on which conventional modern science, and, from the nineteenth century, conventional modern medicine are essentially founded, would not make sense without the context of the socialisation process in terms of money in modern capitalist societies. Obviously, to indigenous cultures, these concepts must have seemed absurd.

Another side effect of the dominance of money, as a form of thinking, was the acceleration and concentration of all activities in life. This may be shown in cultural studies, provided they are done critically. After the medieval ban on

usury was eroded and finally abandoned, as a factor for earning (or loosing) money by means of interest, the significance of time rose tremendously in public awareness. Eventually, time was actually equated with money. Clocks and watches became omnipresent, physiological time was replaced by chronometry, and clockworks became the paradigm for any kind of scientific mechanism. Besides space, time can also be, and in fact has been, exploited by charging it with ever new opportunities to make money. In Western civilisations, where consumers are saturated with durable material goods, such as refrigerators, cars, or TVs, the markets increasingly prompt people to consume ever more in ever less time. For example, clients are tricked into conditions where they find themselves simultaneously talking on the phone, using their computer, listening to music, reading a newspaper, having a coffee, going by train, etc. This kind of time compression, known under the euphemism “multitasking”, is a direct outcome of the dominance of money in capitalist civilisations.⁵⁸⁶ Meanwhile, its undesirable effects have also reached medical schools and medical offices. Everywhere the treadmill keeps accelerating.⁵⁸⁷

Not even the science of philosophy, i.e. the selfreflection of the mind, seems to be free from the impact of money as a form of thinking. Transcending conventional philosophy as a mere history of philosophers, a critical radicalised approach may discover that the term “ratio” derives from the financial accounting of the merchants of the Roman Empire. With this insight, however, the concept of rationalism, and its derivatives, such as enlightenment, progress, emancipation, etc., may appear in a new light. To speak of progress, for example, one has to know, where to go or, at least, what is worthwhile. In societies [[157] dominated by money as the prevailing form of thinking, the

definition of their utmost reference point would be: Good is what results in economic growth. Other dimensions of life would probably be missed. Since the nineteenth century, philosophers have been increasingly taken in by concepts of dynamics, progression, enhancement, etc., without realising their own status as a mouthpiece of the spirit of the age rather than original creators of a new philosophy.

Also the modern concept of autonomy may eventually turn out to be a delusion by the “modern subject”, which was last constituted when RENÉ DESCARTES (1596–1650) coined the formula “*ego cogito, ergo sum*” (I think, hence, I am).⁵⁸⁸ At a time, when people started to pin their hopes on money rather than on personal relationships with fellow human beings, due to the first stock market crashes, the faith in the abstract value of money was always mixed with fear of loss. This existential doubt, pervading modern times in an ever increasing manner, was DESCARTES’S starting point. His conclusion, however, the alleged certainty of his subjectivity, may rather look like self-deception, as his imaginary autonomous ego was still dependent on social processes, such as speaking, thinking, and calculating in terms of money. In fact, the concept of an abstract subject thrown back on itself proves to be the result of a generalised process of thinking in terms of money and its inherent uncertainty.

Even the science of ethics looks like being infiltrated by rationality in terms of monetary, quantifying, and competitive thinking. From the eighteenth century, for example, in utilitarianism, it has been argued that an action would be ethical when it maximises the overall benefit of the greatest number of individuals. From the nineteenth century, in Social Darwinism the fact of struggle for existence, as observable at capitalist markets, may at first have been attributed to the animal kingdom, to finally

deduce it from there – in order to justify unsocial policies. According to modern medical ethics, in a patient's critical situation the interests of all players (economic, financial, social, familial interests) are to be negotiated – according to the paradigm of bargaining at the marketplace. Guiding ethical principles are admitted only on a medium level, such as beneficence, nonmaleficence, respect for autonomy, and justice.⁵⁸⁹ In such a framework, however, human dimensions, such as love, faith, duty, guilt, shame, virtues, etc. may only be perceived as factors among others and thus misunderstood and devalued.⁵⁹⁰

Finally, also in theology, a reflection of this global development may be detected. The traditional Christian conceptualisation of God as an eternal, unchangeable substance or essence may have been perfectly plausible (up to the Middle Ages) – as long as life on earth conformed and corresponded to it. After economic falls of grace, such as the selling of indulgences, and an increasing rationalisation of religion, in the wake of industrialisation and the acceleration of life, contemplation was lost and competing individual interests required a new civic moral. This included strategies to survive on merciless markets, such as canting and pretending. The concept of truth, and with it its warrantor, God, were thus challenged and ultimately abandoned. FRIEDRICH NIETZSCHE (1844–1900), the seismograph of bourgeois dishonesty and prophet of the dawning nihilism in the nineteenth century, cried out the gruesome diagnosis: “God is dead ... and we have killed him!”.⁵⁹¹

To bring all these insights from different theoretical sciences together to a uniform conclusion, it might be stated that in the modern age, especially during the last 200 years, in capitalist civilisations the process of socialisation in terms of money has transformed all realms

and dimensions of life, including the sciences, tremendously. This has happened in a way that today, from the perspective of conventional natural science, only material things and quantitative, exploitable relations seem to be accepted as real – while everything else is likely to be neglected, for example qualities, values, or processes of meaning, which are intangible for these categories. This is the reason why within conventional medicine the biopsychosocial model of humans has no chance to play a significant role and why homeopathy is still being assessed from a materialistic, mechanistic, and quantifying background only, by means of statistics and measurements.

Homeopathy

Having realised this, as a third paradox the question arises: How is it possible to both recognise and free oneself of this all-embracing dominance of thinking in terms of money – if this really has infiltrated, and gained control over, everybody's mind and logic.

At this point, today's homeopaths are being challenged to ask themselves the question: "What does practicing homeopathy mean for me?" As a matter of fact, it is from this same issue that most essential questions may arise, such as: "What am I doing?", and: "Who am I?".

Here the history of homeopathy may provide the crucial key. To be sure, any investigation about the essence of homeopathy has to consider its founder, SAMUEL HAHNEMANN, and his unique method of healing. By contrast, conventional modern medicine's conception of itself is rather ahistorical. In fact, it has been constituted during the last two centuries by a variety of socio-economic conditions, incentives, and interests, and can be practiced without knowing any of its many historic protagonists by

name or character. In comparison, homeopaths practice a system of medicine which was not compiled by teams of anonymous scientists, but founded by a well-known single man, who moreover lived an exemplary moral life, virtually free from conflicts of interests, or the like.^{592,593} This difference can hardly be overestimated.

In antiquity, awareness of the distinction between an idea and its concrete incarnation was still present. ARISTOTLE'S answer to the question "What is virtuous?" was: "What a virtuous man is doing!", thus referring to the actual practice of a concrete human being, instead of risking being misled by language, logic, and other fallacies when trying to give an abstract definition.⁵⁹⁴ In homeopathy, homeopaths do have a human paradigm with an exemplary character who lived at a time before the tremendous impact of rationalisation in terms of money had infiltrated all Western societies, cultures, and sciences, especially | [158] modern medicine. Thus, homeopaths may take HAHNEMANN as a beacon in this respect, lighting their way in turbulent times and guarding them against erroneous trends – while conventional medicine lacks a comparable corrective against its liability in principle to being dominated by economics. While at present nearly everybody is socialised from infancy to a way of thinking whose function is to ensure the expansion of money markets rather than to find anything like truth, HAHNEMANN was exactly and uncompromisingly striving towards the latter, for the benefit of his "human brethren".⁵⁹⁵

Of course, HAHNEMANN was no saint. As a man born at the interface of two unequal epochs, he was torn between a conservative metaphysical belief in God, truth, morality, providence, unprejudiced observation, etc., on the one hand and progressive scientific ambitions to found a rational method of therapeutics, with a vision of healing

diseases with mathematical certainty, on the other. After initial rationalistic exuberances, however, in 1819 he came to a well-balanced concept, the homeopathic art of healing.⁵⁹⁶

At the same time he noticed that a rising proportion of the population were no longer healthy, but in a state of chronic disease. In 1828 he interpreted these observations as infections with a “chronic miasm”: psora, sycosis, or syphilis.⁵⁹⁷ On the threshold of the bacteriologic era, concluding by analogy from his clinical observations, HAHNEMANN suggested a theory according to which chronic diseases would be caused by transmission of invisible morbidic agents which he called “miasms” (although this term was traditionally used meaning maculation from evaporations from the earth) from human to human. According to HAHNEMANN, the bulk of non-venereal chronic diseases would be caused by “psora”, an internal scabies disease, while sexually transmitted diseases would have two possible origins, “syphilis” or “sycosis”, the latter being a disease entity described by himself as a combination of gonorrhoea and acuminate condylomata. Interestingly, this was at a time when the unhealthy effects of industrialisation, monetising, acceleration, etc. were starting to be felt in Saxony (Leipzig, Köthen) as well as by HAHNEMANN’S corresponding patients in other countries.

Certainly, the scientific notions and concepts of which HAHNEMANN could avail himself in his day were limited. But obviously he tried his best to apply them with the aim to advance medical science. In fact, he always considered his life’s work as “service at the altar of truth”.⁵⁹⁸ To be sure, without HAHNEMANN’S noble-minded attitude and his high estimation of humanity, homeopathy would not have been founded. Hence, homeopaths have a direct human paradigm to follow in terms of righteousness,

trustworthiness, and uncompromising quest for truth. When today's conventional medical doctors are advised by non-medical officials, such as laboratory engineers, pharmacists, attorneys, economists, politicians, etc., on what to do and what to prescribe, their decisions often appear to be remote-controlled by monetary interests. As a counterweight, homeopaths can still learn from HAHNEMANN about how it was and how it would be when a doctor dares to think and act on his/her own account, just vouching with his/her conscience and faith – while thus largely immunising himself/herself to modern forms of thinking in terms of money and monetising.

HAHNEMANN was definitely conversant with monetary matters. After having suffered from its shortage as a young physician and head of a growing family, in his later years he introduced an innovative system for invoicing his patients in advance. Thus, when he left his home in Köthen for Paris in 1835, he was able to bequeath to his daughters two houses and a considerable amount of money.⁵⁹⁹ What is decisive, however, is that his dealings with money were constricted to a considerate use of it, in the sense of the ARISTOTELIAN conception of “*oikonomía*” – without affecting his world-view or general thinking in principle. He never saw money as a means of augmenting money (as a goal in itself), in the sense of ARISTOTLE'S counter-concept “*chremastiké*”, the self-referential art of money-making.⁶⁰⁰ Remarkably, HAHNEMANN'S doctrine is still untinged from thinking in the form of money, i.e. free from concepts of quantification, standardisation, mathematisation, reproducibility, materialism, mechanism, statistics, etc. On the contrary, his approach is qualitative, individualising, hermeneutic, teleologic, and full of respect for patients' idiosyncrasies and phenomenological details. Homeopaths would be well advised to consider this legacy as a privilege.

The homeopathic method itself may in the end provide a powerful corrective tool for all those whose minds are infiltrated and dominated by money as a form of thinking. Insofar as by the principle of similars true healings can be accomplished, homeopaths should be well-disposed to avail themselves of this method – to heal themselves from miasms of any kind, including mental ones. Indeed, in the history of homeopathy HAHNEMANN’S concept of “miasm” proved broad and pliable enough to be interpreted not only as a physical infection, but also as a disposition, diathesis, simple substance, original sin, mental structure, etc.⁶⁰¹

Eventually, the critical scientific approach presented so far, may prove to be homeopathic in a figurative sense, resembling the Buddhist or Hindu approach of reducing illusions rather than the causal-analytic affirmative one of conventional modern medicine. It rests on the assumption that late-borne children of a late capitalist era cannot help but start thinking with bewildered minds anyway – just in analogy to psoric patients whose life-force according to the homeopathic doctrine is said to be deranged. If, however, according to HAHNEMANN, the deranged life-force is provided with a slightly enlarged image of its enemy, i.e. the image of the miasm in the form of a potentised remedy, vitality will thus be prompted to raise its energy and defeat this miasm. After having been dominated, the life-force will restore itself and regain its sovereignty.⁶⁰²

Analogously, modern subjects of heteronomy would have to detect their predominating mental miasm, their own domination by thinking in the form of money. They would have to recognise and face this in a condensed form, i.e. brought to the point, and in an uncompromising way, in order to become aware and able to rid themselves of it. With this clearing of his/her mind, the homeopath may finally be capable of also freeing homeopathy from [[159]

unrelated economic interests and capitalist schemes, such as the permanent pressure to be innovative, competitive, and profitable. They may realise on a conscious and scientific level that, contrary to conventional modern medicine, homeopathy could also be perfectly practiced in subsistence economies, without turning over ever increasing amounts of money on incessantly expanding markets.

Conclusion

In conclusion, being true to HAHNEMANN may have even more challenging consequences than just prescribing homeopathic remedies. First of all, his righteous and strong character may inspire his followers to dare to think freely and independently (*aude sapere*). Secondly, a comprehensive interpretation of his principle of similars may lead them to an extensive study – by means of all modern sciences – of the conditions which are limiting and distorting their own free and genuine thinking and acting. And thirdly, if they finally recognise the kind of mental miasm described above and rid themselves of it, they may free themselves as well as homeopathy, whose core has been unsettled by continually rising monetary influences. As a coherent side-effect, the true Hahnemannian will thus embark on a path leading to the ultimate challenge of life, which in ancient Greek philosophy was called “*gnothi seauton*” (know yourself) – corresponding to what in the Vedantic Upanishads was considered to be the utmost wisdom: to realise “*tat twam asi*” (that is you).

[Notes]

[153] *Revised version of a paper presented at the ‘66th Congress of the Liga Medicorum Homoeopathica Internationalis’ in New Delhi, India, on 3 December 2011.

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The need of multi-disciplinary basic research in the history and theory of homeopathy

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Introduction: Is homeopathy a medical science?

[[1] One of the most undisputed statements among homeopaths is the assertion that homeopathy is a medical science. This implies that it must firstly be considered as a medical discipline, i.e. as a part of medicine, and secondly as a scientific method, i.e. as a part of science. Since HAHNEMANN had founded homeopathy as a rational and scientific medicine, this claim has become one of the most prominent features of homeopathy's corporate identity. Ironically, however, the charge most unanimously stated by critics and so-called sceptics is the imputation that homeopathy is not scientific and hence could not be a part of medical science. According to their argument, only conventional medicine is founded upon natural science which has progressed tremendously since the day of HAHNEMANN, having established standards of verification procedures that are no longer met by homeopathy.

The usual reaction on the part of homeopaths to this seemingly devastating reproach by fundamentalists of natural science, and advocates of Evidence-based Medicine, is to try to disprove this accusation by demonstrating evidence of efficacy and effectiveness, by means of clinical studies, randomized controlled trials, and the like. By doing so, however, they comply to their critics' standards of proof and thus to the framework and definition

of what, according to them, has to be considered as scientific medicine. Hundreds of conducted clinical trials and thousands of observational studies published, with the majority indicating positive results for homeopathy, however, did not convince scientific medicine hardliners. Instead of acknowledging the positive outcomes of studies on homeopathy, they rather switched their argumentation, proclaiming now that even randomized double-blind *placebo*-controlled clinical studies, of best quality, may sometimes display positive results per chance, thus never being able to prove any underlying mechanism of action with certainty. In order to prevent homeopaths from fulfilling the criteria of Evidence-based Medicine, and thus becoming a part of the scientific community based on this concept, a new faction of critics of homeopathy tries to erect a stricter concept, called Science-based Medicine, according to which treatments, whose basic principles are not in accordance with established natural laws, should not be tested any more at all, because under such circumstances there should never be a chance to prove their scientificity.

This is a rough summarization of the deadlock situation, in which both, homeopathy and conventional medicine, are trapped when homeopathy claims to be a science and conventional medicine denies this. This conflict, however, is not irretrievable, but results from an uncritical use and acceptance of problematic notions (such as medicine and science) and the equation of non-comparable subject-matters (such as homeopathy and conventional medicine). It rests on the presupposition of commonplace concepts of science and scientific medicine derived from the paradigm of natural and technical sciences, such as to be the methodical quest for natural laws by allegedly neutral observers or the like, and the wide-spread (even though

outdated) assumption that medicine were an applied natural science. Only if this were true, both, homeopathy and conventional medicine, would have to be checked and judged, verified or falsified, along these lines of *quasi* absolute criteria and standards.

[[2] However, as the history and theory of medicine may show, concepts of science and medicine are far from being unchangeable or absolute, but rather variable and dependent upon context and interests. Obviously, the dominant present-day ideas about science and medicine are uncritical and in favour for the scientificity of conventional medicine. Since under these presuppositions homeopaths come off relatively badly, they have a vital reason to scrutinize and challenge this way of thinking. In fact, only by questioning the absoluteness of the standards of conventional medicine and by propounding an independent distinct methodology, may they be justified in considering homeopathy a practical scientific medicine.

Homeopathy versus conventional medicine

On a phenomenological level both, conventional medicine and homeopathy, are treating patients and thus are medical therapies and part of medicine in the broadest sense.

However, their differences are obvious and detectable on many layers, even from the view of the patient. For example, in conventional medicine, as a rule, the doctor has very little time, in the conversation he focuses on so-called diagnoses, and before long prescribes for each diagnosis a separate medication. So the patient has to take, e.g., an analgesic against his headache, a tranquillizer against his sleeplessness, a laxative against his constipation, etc., and has to accept the risks and side effects, such as habituation, dependence or addiction, and high costs of long-term therapy. In contrast, a homeopathic

doctor, as a rule, interacts with the patient individually, asks considerably more questions, and finally prescribes one single remedy to treat all of his complaints at once, at best with a single dose and without side-effects. The costs for the remedy are – compared to the medication of conventional medicine – negligible.

These differences within real existing medical practice, that can be verified by anybody, may demonstrate that the approach taken by conventional medicine is not self-evident, not singular, and not without any alternative. On a closer, more systematic look, one may find that behind these differences in appearance there are two distinct philosophies based on premises antithetical and yet complementary to each other. They may be summed up in seven points for each.

Premises of conventional medicine

Conventional drug therapy rests upon the following assumptions:

1. Every patient is a part of the species *homo sapiens* – according to natural science's object being the general, not the individual.

2. The human body is composed of physical components interacting with each other – according to the doctrine of materialism.

3. These interactions are explainable in principle mechanically, physically, chemically, etc. – according to the doctrine of positivism of science.

4. Within the body, single sub-areas may be isolated and examined separately – according to the specialisation of science and conventional medicine.

- [[3] 5. Dysfunction of any part of the body means a derailment which has to be counteracted – in analogy to the

malfunction of machines, where leakages have to be sealed, constrictions dilated, heated parts cooled, etc.

6. Drugs have to be applied in such high doses that the effect will be as certain and uniform as possible with everybody, i.e. they must be reproducible.

7. The remainder of effects, so-called side effects, have to be accepted, as there is no way to evade them.

Premises of homeopathy

In contrast, homeopathic therapeutics rests upon the following assumptions:

1. Every patient is an unique individual, and every illness is singular, distinctive, and unrepeatable.

2. Every individual is an organism, reacting to stimuli in a purposeful way, it is not a mechanism, but a self-acting subject.

3. The animating principle of the organism may be called life-force, vital principle, or the like, however, it cannot be explained by reductionistic natural sciences.

4. The living organism reacts to stimuli as a whole, as a unity, as there is just one life-force.

5. Dysfunctions in the life of the organism indicate a reaction of the same to disturbing stimuli and should therefore not be suppressed, but supported in principle, as long as the organism is not overcharged completely.

6. Remedies are applied in such small doses that they can only just act as stimuli to prompt this reaction.

7. If a remedy has no specific relation to the individual reaction of the patient, it will not cause anything, no side effects either. Small doses can only act with sensitised self-activating organisms.

Causal-mechanics versus teleology

These two basic attitudes towards the patient may explain categorically the differences of appearance between conventional medicine and homeopathy. The conventional view draws on paradigms of technical sciences and engineering, such as materialism, natural laws, and reproducibility, while the homeopathic view rests on a teleological perspective on living beings. Both paradigms at first glance may seem to be equally reasonable, even though opposing and contradictory.

By means of a philosophical analysis, however, it may be shown that – irrespective of its plausibility and prevalence in modern societies – causal-mechanic thinking is not the highest and most comprehensive level of causality, but instead it is teleological thinking that encompasses all other forms. To make this point clear, a short digression to ARISTOTLE may be helpful. Contrary to our present-day understanding of the terms cause and effect, ARISTOTLE distinguished four classical causes and exemplified these by referring to the question, why a house is existing in the here and now. Typically, there are four levels of answers: 1. because it [4] consists of stones and timbers or the like (this is called the *causa materialis*, because it mentions the physical matter as the cause), 2. because it was constructed by craftsmen (the *causa efficiens*, it addresses the forces who built it), 3. because it was designed by an architect (*causa formalis*, it denominates the plan, according to which it was built), and 4. because it was intended and desired by the home-builder (*causa finalis*, it states the wish of the owner). The final cause is the highest, because without it the other causes (material cause, effective cause, formal cause) would not have been unleashed or become relevant at all.

In analogy, the methodologic restriction on the part of natural science and conventional medicine on lifeless objects, such as molecules, enzymes, and other particles, on general laws of determined mechanisms, and on the technical and pharmaceutic manipulation of the engine of the body, may be useful and correct – on the level of craftsmen, engineers, and mechanics. However, in order to understand, what is good, what is healthy, what is desirable for a certain individual, this level proves to be insufficient. In fact, the art of medicine requires a higher, encompassing level of reasoning, namely teleological thinking. Only when patients are perceived as subjects, i.e. individual living beings who are striving for their integrity, interacting with their environment, and reacting to stimuli teleologically, i.e. with the purpose of self-preservation, – only then may concepts such as health, illness, and healing be grasped.

Insisting on the need and indispensability of this higher, regulativ level of teleologic thinking does, of course, not mean that the categorically lower, reductionistic level of conventional medicine would be completely wrong or refuted. The endeavour to explore causal mechanisms within the human body and to find means and devices to manipulate them, has its merits and significance. For PLATO and ARISTOTLE, however, the mere capacity to change the state of the human body by means of medication only ranks among the preliminary skills of a physician, whose real competence would be the faculty to know how to give to which patient what remedy at what moment in what dose – in regard to his health. Insofar, human medicine can never get along on the level of natural science alone, ignoring the other, higher dimensions of human beings that may only be apprehended by human or moral sciences, the humanities.

Theory of medicine

This finding from the science of philosophy is perfectly complemented by the science of theory of medicine, where, since some decades, human scientists emphasize that medicine cannot be conceived as an applied natural science, but has to be conceptualized as a practical science *sui generis*, i.e. a practical science in its own right. Contrary to natural science which, according to its self-conception, is primarily focused on cognition and only secondarily reflects on future possible applications, the basis of medicine is always the mandate of the patient to the physician to act for his benefit. The starting point as well as the ultimate justification of the physician's activities are the well-being of his client, the patient. Every action and cognition has to be related to this aim.

The difference in principle between a practical science (such as medicine) and a cognitive science (such as natural science) may be illustrated by a comparison of Acting and Knowing (according to WIELAND and WIESING):

- Action has to be legitimized. Knowledge has to be verified.
- [[5] • Action has to be normalized. Knowledge not, it can only be true or false.
- Action is obliging for a person. Knowledge not, it can only be true or false.
- Action is allowed or prohibited. Knowledge is mostly of statistical nature.
- Action is irreversible. Knowledge can be reversed.
- Practical action cannot be performed exactly. Knowledge has to be exact.
- Action cannot be performed partly or with a certain probability. Knowledge can have a certain probability.

This outline of the fundamental differences of the categories Acting and Knowing may elucidate again the

necessity, that a practical science (such as medicine) has to develop its own methodology, constituting itself as a science *sui generis*, because it can never rely entirely on an external mere cognitive science (such as natural science). Hence, it is a logical fallacy to consider medicine an applied natural science.

Homeopathy versus economization of medicine

Contrary to conventional medicine, homeopathy has always been aware of these problems and therefore was, from the beginning, conceived as an “art of healing”. Although more than conversant with all the preliminary sciences of medicine, such as chemistry, physics, botany, anatomy, physiology, etc., HAHNEMANN did appreciate their achievements, but never allowed their predominance in medicine. In respect of healing, he found, they cannot really help, and therefore – through methodical and rational, i.e. scientific, proceeding, being at the same time unbound to the reductionist level of natural sciences – he developed his own and self-sufficient medical science.

From the perspective of various human sciences (such as philosophy and theory of medicine), it now appears that homeopathy fulfills the criteria of scientific medicine better than conventional medicine. Hence, the imposition to prove the scientificity of homeopathy by putting it on the rack of clinical trials, i.e. tools that make sense only within the reductionist horizon of convention medicine, is absurd.

But how is it, that this scientific insight is almost unknown within the medical establishment as well as society at large?

To illuminate this paradox, the social sciences are challenged. Obviously it concerns the sciences of sociology of knowledge, sociology of science, and sociology of

medicine, to disclose how in Western democratic societies interpretational sovereignty comes about. It may be shown that for any idea being true is not necessarily equivalent with being accepted, let alone being meaningful and wide spread. As a rule, only those ideas become part of the general knowledge of a community or society that are in line with their basic convictions and values.

In as much as today moral values are outplayed by economic values, it is the field of the economic sciences, such as history of economy, as well as cultural studies, to detect the influence of economy on virtually every part of our life and culture, including science and medicine. As a matter of fact, in the long history of money, from first coinage and physical circulation to the invention of bills and stock exchanges to uncovered bonds, banknotes, and [6] plastic cards, monetary thinking played and plays an ever increasing role in all modern civilizations.

In fact, money has become the primary goal and incentive of everybody's daily efforts. It is the pattern in which we are socialized from childhood, and therefore has become the form in which we are conditioned to think (money, as a form of thinking). Since money transforms everything it touches into a commodity and can be accumulated best by trading with commodities, the vision of man has continually become narrower. As a result, today people tend to look at everything, even on medicine, in terms of commodities.

Natural science and conventional medicine

At this point, the science of the history and theory of science is needed to provide the link to the so-called scientific revolution in the seventeenth century when natural scientists developed the modern reductionist standards, such as generalisation, quantification,

reproducibility, etc. History of medicine may then show, how from the nineteenth century this new methodology has brought forth many medical discoveries that could be perfectly marketed, such as chemotherapy, vaccinations, x-ray appliances, or the like. In fact, the market is interested only in things that can be generalized, quantified, reproduced, etc. From the economic perspective, it appears completely consistent that conventional medicine has limited its scope to material causes of diseases detectable by technical devices, general diagnoses, statistics, and reproducible standard treatments – anything else cannot be marketed, anyway. The blind spot in this approach, however, is the missing evidence of whether this machinery of commercial medicine, progressing under the euphemism “natural scientific medicine”, has anything to do with the physician’s task to heal or take care of the patient.

Hahnemann’s merit

Viewed against this background, HAHNEMANN’s approach appears all the more courageous, a beacon in a storm, as he had to swim against the tide, i.e. struggle against the rising megatrend of economizing medicine at the expense of the patient. But guided by his strict moral values, his rational notion of God, his conviction of a high calling of man, and his benevolence for his human brethren, his first and only concern was to help the patient. Under this premise, the homeopathic theory and practice proves to be perfectly consistent, beneficial, and scientific. The aim of improving their scientificity, therefore, should better be attempted from within these constitutional conditions, not from outside by means of inappropriate tools, that were indeed invented to blow away homeopathy (Cornell Conference on Therapy 1946).

Conclusion

Once again, however, it may be remembered, that pointing out that HAHNEMANN'S homeopathy is an exemplary scientific medicine and medical science *sui generis*, does not mean that conventional medicine would not be scientific. Both are scientific, but on different levels, with different methodologies, and driven by different interests. Disclosing that the [[7] machinery of conventional medicine is predominantly money-driven does not preclude that in many cases it may nevertheless be useful and of need. Just as the fact that homeopathy, being primarily committed to the patient's welfare does not preclude that in many cases it may be rewarding not only morally, but also economically.

Towards a critical edition of the ‘Organon’

In: Homeopathy in Europe – United in Diversity. Paving the Way for Medical Homeopathy. 25th Anniversary of the European Committee for Homeopathy (ECH). Brussels 2015, pp. 198-203

[Introduction]

[[198] The last 25 years brought several milestones in basic research in the history and theory of homeopathy. Basic research in this context, however, does not mean clinical trials, randomised studies, or laboratory experiments, but advanced scholarship focussed on a revision, improvement, and refinement of the literary tools homeopaths are using. As an artist of healing, the homeopathic practitioner has to rely not only on the quality of his medicines, but also on the authenticity and genuineness of his basic texts and reference books.

When I started my research on HAHNEMANN’s works some 30 years ago, nobody knew exactly how many, and which, writings HAHNEMANN had published during his lifetime. So first of all, I had to seek, find, and collect all his publications, in libraries as well as archives and private repositories, identifying and compiling them in a final and authoritative register. Finally, in 1989, I succeeded in publishing the first complete, authentic, and absolutely reliable bibliography of the works of SAMUEL HAHNEMANN.⁶⁰³

On the basis of this preliminary work, in 1990, I completed my PhD thesis on ‘The philosophical concepts of Hahnemann when founding homeopathy’, drawing on all his early writings – from his valediction from high school in 1775, to the first edition of his ‘Organon of rational therapeutics’ in 1810. It comprised and evaluated some

15,000 pages of text published and edited by HAHNEMANN.⁶⁰⁴ In this dissertation it became apparent that, in order to comprehend why and how HAHNEMANN established a new school of medicine, his philosophical, theological, and ethical background in particular has to be identified, explored, and taken into account. As it turns out, without HAHNEMANN'S personal leaning towards Enlightenment and scientific progress, his deistic concept of God, his teleologic conception of man together with his belief in a noble calling of mankind and his upright moral standards, homeopathy would probably never have been created. Evidently, HAHNEMANN'S quest for a rational and beneficial medicine was embedded in a world of anthropological, humanistic, and ethical dimensions and premises of faith. As this is consti- [[200] tutive of HAHNEMANN'S homeopathy, it is crucial for Hahnemannians to be at least aware of his moral and philosophical background.

Hahnemann's lesser writings

Another work based on my HAHNEMANN bibliography of 1989 was a collection of 'The lesser writings' of SAMUEL HAHNEMANN, which I redacted and edited in 2001, with DANIEL KAISER as co-editor. This 1000-pages volume contains transcriptions of more than 225 articles and booklets written by HAHNEMANN, arranged chronologically and, as in the case of latin originals, such as HAHNEMANN'S dissertation or habilitation, also translated into German.⁶⁰⁵ The publication of this collected volume again set new standards as - compared to the hitherto solely available edition by ERNST STAPF, published in 1829 and containing just 38 articles - it is the first complete, accurate, and reliable work of this kind. As a result, all the scattered papers HAHNEMANN had published in different journals and

which were no longer obtainable are now easily accessible by the homeopathic community as well as by external scientists.

However, the textbook of utmost importance for homeopathy both for its practical application and for its history of reception, is the 'Organon of medicine' by SAMUEL HAHNEMANN. Since its content is mandatory for every homeopath worldwide regardless of what school he may belong to, it has actually been labeled the "Bible" of homeopathy. In fact, it constitutes and defines what has to be considered to be true and genuine homeopathy. Hence, its acceptance or criticism may also serve as a kind of shibboleth distinguishing those who may be ^[201] called pure Hahnemannians from half-homeopaths (in HAHNEMANN's terms "bastard-homeopaths").

The text-critical edition of the 'Organon'

In view of its relevance it was strange that up to the 1990s, only one German edition existed of the last, i.e. the sixth edition of the 'Organon'. It was the one RICHARD HAEHL had edited on the basis of a handwritten copy of HAHNEMANN'S manuscript.⁶⁰⁶ Thus, in the motherland of homeopathy there was still no authentic, let alone text-critical edition of the original manuscript, which HAHNEMANN had completed in 1842 in Paris and which, after his death, travelled to Darup (Westphalia), Stuttgart, New York, and finally to San Francisco in 1921. The English translation, edited by WILLIAM BOERICKE in Philadelphia in 1922, was, however, based upon the original manuscript.⁶⁰⁷ In 1991–1992 a scholarship by the 'German Research Association' (DFG) brought me to the 'University of California, San Francisco', to investigate the history of homeopathy in California. Since this was the place where the original manuscript of

HAHNEMANN was stored and I had the opportunity to work with it virtually every day, it was clear to me what needed to be done. After all, such a unique chance would perhaps never again be given to a German speaking researcher of HAHNEMANN, let alone be realized with such an intentness and accuracy. So, in February 1992, for the first time in the history of homeopathy I presented to the German speaking world a complete, authentic, and text-critical edition of the sixth edition of the 'Organon of medicine' based on the original manuscript that HAHNEMANN had completed exactly 150 years before, in February 1842.⁶⁰⁸

This manuscript had been kept in San Francisco initially by WILLIAM BOERICKE, then by JAMES W. WARD, HOWARD and ELSA ENGLE, until it had found a safe place in the 'Special Collections' of the 'University of California, San Francisco', in 1972. When I arrived there in 1991, however, nobody had ever noticed that, since 1969, HAHNEMANN'S manuscript had no longer been complete, that, in fact, one page with HAHNEMANN'S handwriting previously pasted in, was missing. By means of a detective-like tracking, I eventually succeeded in finding the missing page in the possession of ELSA ENGLE'S family physician who had died in 1984 and who had been the only person whom she had ever left alone with the 'Organon' for several hours. To the delight and relieve of the Library of the University, but also of the homeopathic community at large, I finally put it back in its original place in the 'Organon'. Hence, since 1992 the original manuscript of the 'Organon' is once more complete.

The standard edition of the 'Organon'

Though the text-critical edition of the ‘Organon’ was an exact scientific document, due to its 1,700 footnotes and text-critical remarks, it was not easy to read. When the demand for a smoothed out, so-called standard edition, cleaned of the text-critical apparatus, emerged, I provided the same in 1996, again on the basis of the original manuscript and with the publisher Haug.⁶⁰⁹

In this optically appealing edition, however, the problem continued to exist that HAHNEMANN’s antiquated language and demanding sentence structure no longer corresponded to what modern day readers of medical literature were used to and thus [[202] expecting: an easily readable text, with short phrases and concise statements, putting the essence in a nutshell. Along these lines I translated the entire ‘Organon’, so to say, in modern German, without, of course, changing in any way its content or meaning. This was a huge task laden with responsibility, but nevertheless necessary and overdue. It had to be carried out as neatly and reliably as possible. More and more German students of homeopathy preferred to use the English translation of the ‘Organon’ rather than struggle through HAHNEMANN’S old German multi-clause periods and participial constructions.

The systematics of the new edition of the ‘Organon of medicine’ is arranged in three categories: 1. practical directions and maxims, 2. theoretical explanations and hypotheses, and 3. conceptual foundations and premises.

The new edition of the ‘Organon’

When, in 2003, I published the new edition of the ‘Organon of medicine’ with Elsevier, I supplemented it with a systematics covering the entire content of the work, but in a structured and short-cut way (of course with references to the respective number of paragraph). It is arranged in

three categories: 1. practical directions and maxims, 2. theoretical explanations and hypotheses, and 3. conceptual foundations and premises. Assisted by this approach, beginners of homeopathy as well as external investigators are now able to get an easy overview of what is of primary interest for a practitioner, theorist or historian of medicine, or philosopher for example. In the long run, this new approach should benefit future research, as it helps to objectify the discussion. The same applies to the attached glossary that clarifies more than 400 problematic notions and their application by HAHNEMANN in the 'Organon'.⁶¹⁰

Relevance of the 'Organon of medicine'

Due to a series of particular difficulties, bringing an authentic as well as practical German edition of HAHNEMANN'S 'Organon of medicine' to Germany was a long and demanding affair. But extraordinary challenges occasionally produce extraordinary responses. With the text-critical edition and formal update comes a newly established quality standard that satisfies all imaginable requirements, warranting authenticity of contents as well as modernity of form, scientific accuracy as well as user-friendliness. This has set a benchmark against which other nations measure their own editions, as demonstrated by a new generation of Organon translations, English by STEVEN DECKER (1996),⁶¹¹ Polish by EWA GROTT (2004),⁶¹² and Spanish by GUSTAVO PIRRA (2008).⁶¹³

The most important innovation of the sixth edition of the 'Organon' was the change in the method of potentisation and the corresponding changes in dosage and administration. Since every dilution of 1:100 was now followed by a 1:500 dispersion, the new potencies were

supposed to have a gentler, more rapid action, so that they could be taken daily, even [[203] over a period of several months. This was in contrast to HAHNEMANN'S instruction in the fifth edition of the 'Organon' to give just one dose of a high potency and then wait and not give further doses unless the process of recovery slowed down again. Nevertheless, the older method has been used for almost the entire history of homeopathy, including the Kentian school. Even after HAEHL'S edition had been published in the 1920s, the new posology was at first completely ignored by the homeopathic community. Only in the 1940s a minority of Swiss homeopaths started to experiment with lm- or q-potencies. But it was not before the text-critical edition of the 'Organon', published in 1992, resolved all doubt regarding HAHNEMANN'S definitive legacy by vouching for its authenticity, that q-potencies started to be prescribed and propagated on a large scale. According to HAHNEMANN, they represented the most perfect method of pharmacotherapeutics and henceforth guaranteed the "*cito, tuto et iucunde*" (CELSUS, 1st century AD) as well as "rapid, gentle, and lasting" cures.⁶¹⁴

[Figures] *

[[199] Pages of Hahnemann's original manuscript of the 'Organon of medicine', displaying different handwritings (preserved in the 'Special Collections' of the 'University of California, San Francisco').

[[200] 'Organon' editions based on Hahnemann's original manuscript: 1. Text-critical edition (1992), 2. Standard edition (1996), 3. New edition (2003).

About the Author

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Abstracts and Comments

Die Publikationen Samuel Hahnemanns

[The publications of Samuel Hahnemann]

In: Sudhoffs Archiv 1988; 72 (1): 36

Summary

[[36] In spite of its existence over nearly 200 years and its large diffusion, homoeopathy only seldom has been subject of serious historical research. Considering the enormous quantity of the writings by its founder SAMUEL HAHNEMANN (1755–1843), and the requirements for ordering HAHNEMANN'S writings from a public library, a clear, reliable and complete bibliography of his works is an imperative need, especially for investigations on the genesis of his doctrine. As all existing bibliographies proved to be insufficient, this author was compelled in the course of his studies, to create a new index of all known and available writings of HAHNEMANN. It contains about 200 titles in their original orthography with exact specifications of the places and years of publication, and of the volumes and pages in the journals, including some essays and reviews written by HAHNEMANN, which were not mentioned in any bibliography up to now.

The conceptualization of rational therapeutics by Samuel Hahnemann

Fundamentals and difficulties

In: The Berlin Journal on Research in Homeopathy 1991; 1 (4/5): 347

Summary

[[347] As homeopathy was conceptualized as rational therapeutics by its founder SAMUEL HAHNEMANN (1755–1843), it is based not only on empiricism, but also on principles whose inner coherence has to be in accordance with logical rules. Accordingly, the rationality of HAHNEMANN’S therapeutics cannot be proved by case studies alone, but by an attempt at reconstructing the leading principles of his concept. In the reconstruction demonstrated below seven logical steps can be distinguished:

1. The starting point of HAHNEMANN’S endeavour to rational therapeutics
2. The criticism of former principles of therapeutics
3. The scientific approach and its limitations in therapeutics
4. The extension of the approach in order to comprehend further experiences
5. The arguments for the fundamental possibility of rational therapeutics
6. The revelation of the Principle of Similars as a maxim to cure dynamic diseases
7. The elaboration of the homeopathic doctrine of healing dynamic diseases

The history of homeopathy shows that most of the points in dispute among homeopaths and allopaths came about because of the want of knowledge of the principles and limits of their own respective concepts.

Key Words

Hahnemann, homeopathy, therapeutics, rationalism, empiricism, philosophy, principle of similars, scientific approach, criticism

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The history of therapy with Tuberculin

Its foundation by Robert Koch, its forerunners and its further development

In: Pneumologie 1991; 45 (10): 776

[Abstract]

[[776] Since tuberculosis had not been known either in its nature or in its proper therapeutics for thousands of years, ROBERT KOCH (1843–1910) 1882 discovered its germs and 1890 recommended its treatment with *tuberculin*, i.e. an extract of its bacterial cultures. During the “Tuberkulinsturm” which ensued from the publication of KOCH, the substance was at once proved in numerous clinics in many countries. But in spite of sophisticated procedures of production it could not become standard therapy, because of its considerable sideeffects when not being applied accurately. In selected cases, therapy with *tuberculin* is still applied even today.

However, the effort of treating tuberculosis with *tuberculin* had already been made before its propagation by ROBERT KOCH. Yet the forerunners of KOCH’s therapy with *tuberculin* had not been recognized by scientific medicine at the time, because of lacking plausibility of its fundamental principles – not before EMIL VON BEHRING (1854–1917) within his scientific researches came to an explicit recognition of the homeo- and isopathic principle of treatment.

Anthropologie und Medizin - Zum Menschenbild unterschiedlicher therapeutischer Konzepte

[Anthropology and medicine - The view of man in different therapeutical concepts]

In: Allgemeine Homöopathische Zeitung 1992; 237 (3): 95

Summary

[[95] Proceeding from fundamental reflections on anthropology in medicine, the view of man underlying modern scientific medicine and the view of man in homoeopathy are presented. By means of an excursion into HAHNEMANN'S concept of man the specificities of the different approaches are distinguished, and their status in therapeutics itself explicated. Strict positivism of science always tends to a reduced view of man. On the contrary, teleologic thinking and the renunciation of claiming the capacity to investigate life as such enable a phenomenologic recognition of man throughout all his dimensions.

Die bibliographische Erschließung wissenschaftlicher Bibliotheken mittels elektronischer Datenverarbeitung

[The bibliographic indexing of scientific libraries by means of electronic data processing]

In: Zeitschrift für Klassische Homöopathie 1992; 36 (4): 156

Summary

[[156] The increasing use of electronic data processing systems in the management of libraries has produced fundamental innovations for users of scientific libraries as well as for librarians. Thus, today not only can search requests be handled within seconds, but also different types of library catalogues can be produced quite simply and cheaply. The latter has in the last decade also been done in several cases for homeopathic libraries.

Nevertheless, not all of these bibliographical indexes come up to present standards in alphabetic cataloguing of library stocks and in editing catalogues. In order to help future workers on similar books, as an example, the genesis of a modern homeopathic library catalogue is described – from the elaboration of a proper systematic, to the recording of the data (according to RAK-WB), to the definitive photocomposition. Finally, the possibilities of electronic library management are described and the actual state of the project to create a network for all the German-speaking homeopathic libraries is reported.

Drei Briefe von Richard Haehl an William Boericke aus der Zeit der frühen Weimarer Republik

[Three letters from Richard Haehl to William Boericke from the time of the early Weimar Republic]

In: Medizin in Gesellschaft und Geschichte 1993 (1992);
11: 218

Summary

[[218] Three letters, written by RICHARD HAEHL (1873–1932) of Stuttgart to WILLIAM BOERICKE (1849–1929) in San Francisco, were recently found in a private collection in the Bay Area. Both men were physicians and well-known to their professional community as authors. Dating from the early 1920s, these letters give on the one hand an example of continuous good professional connections between Germany and the United States during this period. On the other hand they contain detailed information regarding typical private, social, economic, and political problems of that time – seen by a prominent but nevertheless not very wealthy physician. The documents reflect e.g. HAEHL's view of the economic and political changes during the early days of the Weimar Republic, such as inflation and the "Ruhrkampf" in 1923. They also show HAEHL's own financial problems and disillusion as a member of the suffering middle class. In addition, the letters shed light on the personal relationship between the two physicians and on the way they communicated about the exchange of books, journals and photographs as well as some critical comments at the time when HAEHL was editing his major literary works.

Die Bedeutung der sechsten Auflage des 'Organons der Heilkunst' (1842) für die Pharmakotherapie

[The significance of the sixth edition of the 'Organon of medicine' (1842) for pharmacotherapy]

In: Homoeopathia Internationalis. (Proceedings of the 48th Congress of the Liga Medicorum Homoeopathica Internationalis. April 24–28, 1993, Vienna). Wien, München, Bern, Maudrich-Verlag, 1993, p. 227

Also in: The meaning of the sixth edition of 'Organon der Heilkunst' (Znaczenie szóstego wydania 'Organon der Heilkunst' (1842) dla farmakoterapii). Archiwum historii i filozofii medycyny 2002; 65 (4): 498

Summary

[[227] Like any artist, the practitioner of the healing art should exactly know his tools, i.e. his medicines and the directions for their application. In addition, he should be able to rely on their genuineness. Regarding the tool 'Organon' considerable uncertainty has been expressed by some physicians about the authenticity of HAHNEMANN'S instructions for preparing and applying Q-potencies, as described in the sixth edition of the 'Organon of medicine' published by RICHARD HAEHL in 1921. Since 1992, however, the first text-critical edition of the sixth edition of the 'Organon' is available. Unlike HAEHL'S edition this one is exclusively based on HAHNEMANN'S original manuscript and, precisely transcribing all its handwriting, vouches for its authenticity. Hence there is no reason left to ignore HAHNEMANN'S instructions concerning Q-potencies.

This paper presents the history of the reception of Q-potencies as well as their prerequisites and evolution up to HAHNEMANN'S final modifications of his earlier directions. As it turns out, these late instructions of HAHNEMANN do not mean a complete change of all his previous opinions. Rather they are the logical completion of a course followed by him for ten years already. Q-potencies were HAHNEMANN'S solution of the following therapeutic dilemma: on the one side physicians are inclined to repeat the dose of a high potency as often as possible in order to accelerate the process of healing; on the other side they should refrain from repeating the dose to avoid violent aggravations of the state of the patient.

Die Entwicklung der Homöopathie in den Vereinigten Staaten

[The development of homeopathy in the United States]

In: Gesnerus 1994; 51 (1/2): 84

Summary

[[84] After an enormous spread in the United States of America during the 19th century homeopathy had almost completely vanished from the scene by the beginning of the 20th century. For the past two decades, however, it seems once again to experience a kind of renaissance. Major aspects of this development – in terms of medical and cultural history, sociology, politics, and economics – are illustrated on the basis of a general history of homeopathy in the United States. Using original sources, a first attempt is made to reconstruct the history of homeopathy in San Francisco which has some institutional peculiarities that make it unique within the whole country.

Die 'Fragmenta de viribus medicamentorum positivis'

[The 'Fragmenta de viribus medicamentorum positivis']

In: Allgemeine Homöopathische Zeitung 1995; 240 (3): 91

Summary

[[91] The first "*materia medica pura*" and the first repertory in the history of homoeopathy (published by HAHNEMANN in 1805) has not received proper attention. One reason may be that only the latin original is available. This paper provides an outline of the historical context and for the first time a German translation of HAHNEMANN'S preface with early methodological considerations of drug provings.

The esoteric and exoteric view of homeopathy

Two sides of the same medal?

In: Proceedings of the 52nd Congress of the Liga Medicorum Homoeopathica Internationalis, May 28 – June 1, 1997, Seattle/Washington. Edmonds/Washington, American Institute of Homeopathy, 1997, p. 193

[Abstract]

[[193] The notions “esoteric” and “exoteric” are used in German idealistic philosophy (HEGEL) to contrast the view from within (in the process of thinking) with the view from outside (on resultant thoughts). They can also be used to present new perspectives of homeopathy.

Homeopathic literature, for the most part, explains homeopathy esoterically, i.e. as seen through the eyes of devoted practitioners, in terms of faithful obedience to universal laws, eternal truth, divine revelation, etc. (see KENT’S ‘Philosophy’). In contrast to this, critical medical colleagues usually look upon homeopathy exoterically as a system based on speculation and dogmatism without clear evidence of efficacy in controlled clinical trials, etc.

It was their kind of reaction to the critics’ exoteric view that divided homeopaths into those who adopted the critics’ way of reasoning and tried to prove their own claims scientifically, and those who ignored outward criticism and just kept on performing their healing work according to the legacy of the master. Both positions, however, are one-sided and have severe shortcomings.

Since thoughts, approaches, and views are not neutral facts but, as seen from within, rather germs that tend to spread out or keys that open new dimensions or even

maelstroms with a powerful suction, they may also have a decisive influence on therapeutical practice. By means of an invariable faith in and esoteric adherence to the doctrine of homeopathy the doctor is likely to get out of it the maximum effect which would probably be impossible to achieve with a skeptical and suspicious exoteric attitude towards its principles.

But however powerful the restriction of one's horizon to a strict esoteric view of homeopathy proves to be at times – it can also become detrimental to the patient, if it is not balanced by a realistic exoteric view of one's own limits. Even if the admission of a self-critical spirit may curtail some otherwise possible therapeutic results, in the long run a less extreme, mixed position is safer for the majority of patients, besides being the only way to communicate and collaborate with mainstream medicine and the legislator.

Keeping the balance between the esoteric and the exoteric view of homeopathy can be viewed as an art that is dependent on virtues and bound to ethics. Homeopathy, therefore, is not merely a medical method. Its wise application also involves spiritual, artistic, and ethical dimensions on the part of the practitioner.

Does a single dose of a homoeopathic ultramolecular dilution of Thyroidinum 30cH affect the decrease of body weight of fasting patients after stagnation of weight loss?

A randomised placebo-controlled double-blind GCP-conforming clinical trial

[With Benno Ostermayr]

(7th Annual Symposium on Complementary Health Care, 7th-9th December 2000 in Exeter, England)

In: Focus on Alternative and Complementary Therapies 2001; 6 (1): 91

Objectives

[[91] During fasting, the daily decrease of body weight is partly counteracted by a low *triiodothyronine* (T3) plasma level and a corresponding reduction of protein and fat catabolism – an adaptation that can be overcome by T3 treatment. This study investigates whether an ultramolecular dilution of thyroid hormone (*Thyroidinum* 30cH) affects the course of body weight of fasting patients who had encountered a stagnation of weight loss, suggesting an underlying state of hypothyroidism.

Materials and methods

Fasting patients encountering a stagnation of weight received either a single oral dose (five globules) of *Thyroidinum* 30cH or *placebo* on the same day. Body weight and subjective complaints were measured daily, blood samples were taken on three successive days. Study medication was administered to 208 patients (intention to treat); 14 patients showed minor violations of the protocol,

and there were no dropouts. Primary outcome parameter was the decrease of body weight 2 days after medication; secondary outcome parameters were the course of 34 laboratory findings and 15 complaints during the following 2-3 days.

Results

The decrease of body weight 2 days after medication was significantly ($P < 0.05$) lower in the *Thyroidinum* group (347-304 g, n=102) than in the *placebo* group (439-313 g, n=106). No striking significant differences were found in the laboratory findings and complaints.

Conclusion

The results suggest that clinical effects of ultramolecular doses may be demonstrated by means of objective parameters. Unlike substantial doses, an ultramolecular dose of thyroid hormone seems to reduce the decrease of body weight of fasting patients 2 days after administration. An assumed collateral aggravation of the state of hypothyroidism, however, cannot be supported by plasma levels of thyroid hormone, which did not differ significantly between the two groups.

Effects of one dose of a 30cH potency of Thyroidinum on weight reduction in fasting patients

In: Focus on Alternative and Complementary Therapies 2003; 8 (2): 206

[[206] Schmidt J.M., Ostermayr B.

Does a homeopathic ultramolecular dilution of Thyroidinum 30cH affect the rate of body weight reduction in fasting patients? A randomised placebo-controlled double-blind clinical trial.

Homeopathy 2002; 91: 197-206.

Aim

The aim of the investigators was to measure the effects of a homeopathic ultramolecular dilution under standardised conditions in a clinical model.

Design

Randomised, *placebo*-controlled, double-blind, parallel group, monocentre study.

Setting

Hospital for naturopathy in Munich, Germany; a hospital with a tradition of homeopathic treatments.

Participants

Fasting patients that experienced a stagnation of reduction of body-weight after a weight reduction of at least 100

g/day in the preceding days. A total of 208 patients participated, 102 received *Thyroidinum* and 106 *placebo*.

Intervention

One dose of five pellets of either *Thyroidinum* C30 or *placebo*.

Main outcome measures

Primary outcome measure was weight reduction on the second day after medication. Secondary outcome measures were weight reduction on the first and third day after medication, complaints and laboratory findings.

Main results

Patients that received *Thyroidinum* had less weight reduction on the second day after medication than patients that received *placebo*, the mean difference was 92g [95 % confidence interval (CI) 7-176]. Adjustment for baseline average weight reduction weakened the association.

Authors' conclusions

“Patients receiving *Thyroidinum* 30c had less weight reduction on the second day after treatment than patients receiving *placebo*. However, the results must be interpreted with caution because there were no significant differences in other outcome measures and adjustment for baseline differences rendered the difference for the main outcome measure non-significant.”

Authors' reply

**[to a commentary by E.S.M. de Lange de Klerk in
Focus on Alternative and Complementary Therapies
2003; 8 (2): 207]**

In: Focus on Alternative and Complementary Therapies
2003; 8 (2): 207

[Statement]

[[207] Because of the lack of space, we can only reply to the objections.

Information on primary diagnoses of the participating patients can be found on p. 198 of our paper, where it reads: "Fasting therapy is applied to a broad spectrum of diagnoses including hypertension, diabetes, osteoarthritis, bronchial asthma, migraine, etc." Furthermore, detailed information on diagnoses as well as on age, height, weight, peculiar symptoms, etc. of each single patient is given in the full publication.⁶¹⁵

Yes, we treated 31 men with *placebo* and 26 men with *Thyroidinum*. Randomisation was stratified for males and females, in blocks of six. Again, an exact description had already been given in our German publication, on p. 27. To summarise: there were two sets of containers, one for male and one for female patients. We used M001–M057 and F001–F154. On p. 200 of our paper, we wrote: "211 patients were eligible and allocated a randomisation number. Three patients (two *Thyroidinum*, one *placebo*) withdrew consent before opening the container. Thus, 208 patients actually received study medication." So, three containers were randomised but not used. Two of them were provided for females, one for a man (M045,

containing *Thyroidinum*). In addition, just once during the trial, one of the physicians on duty, by mistake, gave the study medication out of a container from the set provided for female patients (F116, containing *placebo*) to a male patient. Of course, in the analysis this medication was counted for a male patient. Hence, to reconstruct the original randomisation numbers of males it is necessary to add one *Thyroidinum* male (M045) and to subtract one *placebo* male (F116), resulting in 27 *Thyroidinum* and 30 *placebo* males. A difference of three men is compatible with stratified randomisation in blocks of 6: M055–M057 were *placebo*.

Instead of performing an exploratory study before, we designed and conducted a two-step trial according to the sequential plan, with an interim analysis after 50 patients. A significant result (as well as a devastating one) would have led to termination of the study in an early stage. Unlike these extremes, the interim analysis showed a very promising, yet still not significant result (p. 30 in German publication). For that reason we felt encouraged to continue the trial under the same conditions, up to 208 patients. Compared with the interim analysis, however, the difference in weight reduction between groups on the second day after treatment dwindled from 181 g to 92 g, whereas the baseline differences increased. These unexpected findings weakened the otherwise significant result to a non-significant level ($P=0.09$).

Hahnemann revisited

A new German edition of the 'Organon of medicine'

In: Abstracts of the 59th Congress of the Liga Medicorum Homoeopathica Internationalis, 18-23 October 2004.
Buenos Aires, Argentina 2004, pp. 109-110

Abstract

[[109] The sixth edition of SAMUEL HAHNEMANN'S 'Organon of medicine' is usually considered as reference-book of the highest authority within the homeopathic community. Nevertheless, its status and relevance can be questioned with constructivistic and historicist objections. In fact, consenting e.g. to follow the instructions given by HAHNEMANN regarding homeopathic treatment does not necessarily oblige the homeopath to accept the philosophical ideas of HAHNEMANN'S time as well. Generally speaking, in the 'Organon' three levels of content may be distinguished:

1. practical directions and maxims,
2. theoretical explanations and hypotheses, and
3. conceptual foundations and premises.

Ideally, these levels should be considered (accepted or criticized) and also taught separately and gradually. Until recently, however, all existing editions of the 'Organon of medicine' contained the usual mixture of objective observations, practical recommendations, subjective polemics, sophistic rhetoric, ethical admonitions, and philosophical speculations, – inviting mainly two extreme attitudes towards its reception: (mostly) neglecting it as a whole or (rarely) accepting it as a whole. A [[110] longlasting lack of interest in the 'Organon' on the part of

the majority of homeopaths is also mirrored in the retarded history of its publication.

The new German edition of the Organon, published by the author in 2003, contains

i) a complete version of HAHNEMANN'S original manuscript, however, converted into modern German language and furnished with summarizing headlines and boxes,

ii) another complete version of its contents, however, in a new arrangement of topics, consistently applying the scheme of three graduated levels (as indicated above) which on their part are structured according to the logical necessity of its contents, and

iii) a glossary of some 400 problematic terms which are followed throughout the entire text, displaying their usage by HAHNEMANN in different contexts.

Although in Germany it took relatively long to bring about an authentic as well as practically useful edition of the 'Organon of medicine', the new edition now seems to meet the demands from almost any perspective. Eventually, it may even serve as paradigm of a new type of 'Organon' editions in other countries as well.

Keywords

Samuel Hahnemann, Organon of medicine, sixth edition, new German edition, history of homeopathy

Die Entstehung, Verbreitung und Entwicklung von Heilsystemen als Gegenstand der Medizingeschichte - am Beispiel der Homöopathie

[The origin, diffusion and development of healing doctrines in medical history - exemplified by homeopathy]

In: Sudhoffs Archiv 2007; 91 (1): 38-72

Summary

[[71] As a paradigmatic case study of the origin, spread, and development of medical systems, this paper investigates the 200-years history of homeopathy from different perspectives of medical history. On the basis of new research on SAMUEL HAHNEMANN (1755-1843), first, a concise and critical overview on the principles, explanations, and implications of his doctrine is presented. The historical, conceptual, and social background of the founder of homeopathy is then elaborated in terms of history of medicine, science, philosophy, sociology, culture, and ideas, as well as theory of science, theory of communication, and sociology of science. The process of the world wide spread of homeopathy is examined from different points of view, ranging from history of heroes, institutions, professionalisation, politics, economics, religion, and organisations to history of patients, perception, and semiotics. Finally, a [[72] comparative approach to the different development and status of homeopathy in different countries results in the extraction of a set of crucial variables, such as charismatic personage, influential patronage, economic sponsorship, political protection, media support, and patients' demand, which

might explain a major part of these differences. Eventually, the notorious splits of homeopathy's doctrine suggest the idea that – in analogy to theory of evolution – a variety of concurrent strains (rather than one monolithic block) of a doctrine may prove to be a kind of advantage for survival. In conclusion, acceptance and relevance of medical systems are determined by many factors. Since external ones are usually outweighing internal ones, medical history may offer a broader and more comprehensive understanding of the dynamics of their spread and development than clinical trials and scientific objection alone.

Homeopathy in the tension field between Aristotelic and modern sciences

In: Schweizerische Zeitschrift für Ganzheitsmedizin 2009; 21 (2): 105

[Summary]

Today, the question whether homeopathy is scientific or not is often discussed with reference to modern natural sciences. Doing so, one fails to realise that homeopathy – from a historical perspective – originates from two distinct roots both of which have evolved from an influential scientific tradition: principles and notions of Aristotelism on the one hand, and modern concepts of natural sciences on the other. While ARISTOTLE’S “science of the living” comprised ontologic and teleologic dimensions for a global comprehension of nature, modern natural sciences are only interested in functional and causal explanations of phenomena for the purpose of dominating nature.

Homeopathy was founded at the point of intersection of these traditions. In times of increasing awareness of the side effects of the natural-science approach, such as ecological catastrophes or a general loss of perception of various dimensions of our lives, the modern natural-science view of life should be counterbalanced by lifeworld-related Aristotelic categories. Accordingly, the scientific character of homeopathy might be conceived in an Aristotelian sense rather than exclusively in terms of modern natural sciences.

The notion of health

In the history of medicine, in the writings of Hahnemann, and in homeopathy

In: Abstract Book of the 64th Congress of the Liga Medicorum Homoeopathica Internationalis, 26–30 August 2009, Warsaw, Poland. Warsaw 2009, p. 39

[Abstract]

Ideas and options of how we can conceive the notion of health are not infinite. In the history of medicine we can only find a number of different concepts or paradigmatic ideas of health, though in a variety of references and combinations. Health was seen as 1. harmonious balance between principles or entities, 2. result of a struggle against opposing forces, 3. continuous dialectical process, 4. hierarchy of components or functions, 5. potential to perform and to develop, 6. transcendence towards higher levels of being, 7. result of conscious autonomous action, 8. optimal causal functioning, or 9. public task and responsibility.

HAHNEMANN'S personal view of health, as reflected in his writings, utilized virtually all of these elements. They reappear e.g. as 1. harmonious tuning of the life force, 2. defeat of pathogenetic influences, 3. admittance of aggravations, 4. autocracy of the spirit-like life principle, 5. reference to a higher goal of human existence, 6. perfecting character of medical service, 7. concern about dietetics and life style, 8. utilization of causality and natural science, and 9. appealing to governmental provisions and medical police.

At all times these paradigms were repeatedly recombined and applied in an eclectic way. Theory of medicine is the attempt to analyze, adjust, and develop adequate concepts that meet the demand of contemporary medical practice. The realm of medical theory, however, lies between the fields of observable facts and metaphysical convictions, respectively. Hence, theorizing – e.g. on homeopathy and salutogenesis – may be necessary, important, and rewarding, but can never claim to grasp anything like absolute truth. In assessing the relationship between homeopathy and health, one should be careful to keep the balance between rationalism and romanticism, traditionalism and progressionalism, or science and metaphysics.

A revision of the homeopathic materia medica from the perspective of theory of medicine and history of science

In: Schweizerische Zeitschrift für Ganzheitsmedizin 2010; 22 (4): 232

Summary

In homeopathy, observing patients and drug provers is not trivial, since symptoms do not merely consist of measured data. In fact, their perception, recording, and practical application depend on the respective underlying (homeopathic) theory. Hence, a revision of the homeopathic *materia medica* requires a discussion about a sound and reasonable critical theory of homeopathy. As main outlines and elements of such a theory are suggested among others: self-concept as a practical science *sui generis*, historical consciousness of being embedded in socio-economic, political, and cultural settings, medical assessment of the status of scientific and statistical methods, philosophical valuation of traditional metaphysical doctrines, and theoretical discussion of modern social and natural sciences. Leaning on NIETZSCHE'S genealogic criticism of science, the central argumentation questions uncritical optimism of science and advocates an upgrade of the status of the (healing) artist who, after all, is in charge of judging in every single case anew when, where, and under what circumstances which scientific method needs to be applied. Abandoning dogmatic concepts of truth and embracing the instrumental character of homeopathic theories, homeopathy could meet the challenges of postmodernity – as a semiotic combination system, with primacy of the art of healing above the claim of its scientific character.

Health

History and conceptions of the guiding notion of medicine

In: Wiener Klinische Wochenschrift 2010; 122 (17/18): 538

Summary

In the history of medicine the notion of health was conceptualized in many different ways. From the perspective of a history of ideas, however, all approaches appear to be based on a limited number of ten basic conceptions. Health can be seen under the paradigm of harmony, struggle, dialectics, hierarchy, potentiality, transcendence, autonomy, causality, organization, and plurality. Since the paradigm of scientific causality, prevailing in modern medicine, seems not to cover all aspects of patients' live-world health experience, the challenge for doctors remains to also consider other – seemingly outdated – concepts of health, depending on the patient and his or her cultural background.

Samuel Hahnemann and the principle of similars

In: Medizin, Gesellschaft und Geschichte 2011 (2010); 29: 151

Summary

The principle of similars (treat likes by likes) is generally considered to be one of the pillars of the homeopathic doctrine established by SAMUEL HAHNEMANN (1755–1843). Nevertheless, its status and relevance with regard to the practice of homeopathy can be challenged by semantic, conceptual, and epistemological objections. 1. Contrary to its literal meaning, “*similia similibus curentur*” is commonly used in the sense of “all diseases should be treated by similar drug diseases”, thus transgressing its original field of indication. 2. From 1796, when HAHNEMANN published his first definition of the principle of similars, he gradually raised his claims from merely suggesting a heuristic principle for finding new curative remedies to insisting on having discovered a law of nature and the only true way of healing, in 1807/1808. To substantiate his ambitious tenets, HAHNEMANN had to introduce a variety of theories which in turn were to become the main battleground in the ensuing controversy about homeopathy. 3. From the perspective of epistemology of science, science can never consist of a final set of absolute truths or the like but must rather be described as a continuous social process that retains a methodological cycle of abduction, deduction, and induction. From the perspective of theory of medicine, however, medicine is to be considered as a practical rather than a cognitive science in its own right. Its first concern ought to be the development of practical

directions for treating patients, while the value of competing theories can only be judged from their usefulness in practice. Hence, even though HAHNEMANN'S theories, including his conception of the principle of similars, may be untenable or outdated, the genuine method of homeopathic treatment he founded remains independent of and unaffected by criticism at the level of theory and concepts.

Hahnemann's homeopathy between rational knowledge of healing and art of healing

In: Schweizerische Zeitschrift für Ganzheitsmedizin 2011; 23 (4): 224

Summary

The first edition of SAMUEL HAHNEMANN'S theoretical *opus magnum* was published in 1810 under the title 'Organon of Rational Therapeutics', while its subsequent five revised editions were titled 'Organon of the Art of Healing'.

HAHNEMANN'S foundation, development, and apology of homeopathy were effected during a period of more than 50 years (1790–1842) and were determined by continuities as well as discontinuities of concepts and conceptions.

Significant regarding HAHNEMANN'S understanding of medicine was his departure from the ideal of rational therapeutics in favor of an increased emphasis on the art of healing in 1819. Today, this position proves to be able to connect with new developments in the theory of medicine.

The bio-psycho-social model and its potential for a new theory of homeopathy

In: Abstract Book of the European Congress of Homeopathy. Riga, Latvia, 18-21 May, 2011. Riga, Latvia, 2011, pp. 108-109

[Abstract]

[[108] Unless modern scientists overcome their conventional oblivion of their own genesis, their attempts to explain what may be called memory of the body and soul seem to be doomed to failure. Rather than looking for putative objective entities, such as biomolecular engrams or chemical transmitter substances, an adequate understanding of the phenomenon of memory necessarily needs to address the dimension of subjectivity. In addition, inquiry into the development of memory has to approach the riddle or miracle of the genesis of each single subject out of virtually “nothing”, i.e. out of a state without attributes. Since the time of SOCRATES and his practice of the maieutic art, only a few theoretical concepts were elaborated to take into account the pre-conscious origin of our thoughts, feelings, and opinions.

A hundred years ago, JAKOB VON UEXKÜLL (1864-1944), a German-baltic zoologist and pioneer of theoretic biology, a graduate of the ‘University of Dorpat’ (Tartu), Estonia, introduced his concept of “functional circles” and “specific environments” of animals, using a semiotic, cybernetic and constructivist approach to challenge the traditional supposition of an alleged objectivity independent of particular subjects. His son, THURE VON UEXKÜLL (1908-2004), professor of medicine in Germany and one of the founders of psychosomatic medicine, enlarged this

biological model by adding the concept of “situational circles” and “individual realities”, in order to also comprise the specific human dimensions of psycho-social communication. Based on his bio-psycho-social model of man, the ontogenetic evolution of any human being can autobiographically be traced back to a state beyond the distinction between man and society, individual and reality, and organism and environment. Previous to the separation of subject and objects, the minimal unity of communication – as the minimal form of being – is described with the German term “Stimmung”, meaning mood, atmosphere, general feeling, tone, or tuning. By means of socialisation of the new born child, this pre-verbal experience is gradually translated from a vegetative to an animal, and then to the human level of unfolding strategies and programs of perception and activities to solve problems. Conversely, even in adulthood any bio-psycho-social state or conflict is permanently constituted by a reproduction and realization of this original individual “Stimmung” and its destiny – which therefore has to be detected and addressed in therapy.

Considering that SAMUEL HAHNEMANN (1755–1843) conceptualized disease as de-tunement or derangement (“Ver-stimmung”) of the life force, using the [[109] same root of the German term “Stimmung”, the bio-psycho-social model of man may shed a new light on what has to be envisaged as the essential subject of an individual homeopathic cure.

Another link to homeopathy: The ‘Right Livelihood Award’ was founded by the son of THURE VON UEXKÜLL and awarded to GEORGE VITHOULKAS in 1996.

New approaches within the history and theory of medicine and its relevance for Homeopathy

In: Proceedings of the 66th World Homoeopathic Congress 2011 (Liga Medicorum Homoeopathica Internationalis, 1–4 December 2011, New Delhi, India). New Delhi, India, 2011, p. 75

[Abstract]

[[75] Since its foundation by SAMUEL HAHNEMANN some two hundred years ago, homeopathy has accomplished impressing achievements, such as innumerable curing of diseases, individually as well as in epidemics, popularity among millions of patients all over the world, political successes, professionalization and institutionalization, and scientific research, from case studies and clinical trials to basic laboratory research. Nevertheless, recognition and full appreciation by conventional medicine is still lacking.

The reason for that paradox may be a qualitative incompatibility of methodology, conceptual frame, and metaphysical background between conventional medicine and homeopathy rather than a quantitative lack of evidence of efficacy. The difference of approach, in theory and practice, however, may not be perceived and understood in its implications and consequences, as long as both systems are being assessed from the view of conventional scientific standards alone. To become aware of the peculiar and indispensable principles of the homeopathic art of healing and their disregard and loss during the rise and predominance of conventional modern medicine in the 19th and 20th century, historical and philosophical education and training is the need of the day.

Basic research and propagation of knowledge in terms of history of medicine and theory of medicine is of utmost importance for the future standing of homeopathy. Only thus, the real strengths of the phenomenological, semiotic, individualizing, humane, and practical scientific approach of HAHNEMANN and his successors can be categorically elaborated and emphasized. And only thus, many pitfalls and waste of resources might be avoided, such as naively trying to prove homeopathy's efficacy and reproducibility by means of statistics and mean comparison tests in a Cartesian conceptual setting of causal-mechanical, economic, and deterministic thinking.

Thure von Uexküll's semiotic model of man as a basis for a new theory of homeopathy

In: Schweizerische Zeitschrift für Ganzheitsmedizin 2012;
24 (4): 233

Summary

[[233] While conventional modern medicine's self-conception and practice is mainly oriented toward the paradigm of conventional science, homeopathy claims to perceive and treat patients not in a reductionistic but individual and holistic manner. According to the doctrine of SAMUEL HAHNEMANN (1755–1843), a semiotic and phenomenological instead of a materialistic and mechanistic approach has to be taken. While the directions for practice given by HAHNEMANN are clear, distinct, and feasible, a consistent and generally accepted theory of homeopathy is still lacking. The methodological peculiarities of homeopathy, however, can be conceptualized and explained by means of the semiotic model of man which THURE VON UEXKÜLL (1908–2004) had elaborated for psychosomatics on the basis of JAKOB VON UEXKÜLL'S (1864–1944) doctrine of functional cycles and specific environments. If the patient is conceived as a biopsychosocial unit with his/her individual reality, HAHNEMANN'S notions and conceptions, such as derangement of the life force or idiosyncrasies as well as drug action and the physician-patient relationship, may be comprehended in a modern, scientifically sound and connectable way.

Relevance of basic research in the history of science, medicine, and sociology

In: Schweizerische Zeitschrift für Ganzheitsmedizin 2013; 25 (4): 231

Summary

[[231] Out of ignorance of their own methodological basics and restrictions scientists often trespass the legitimate scope of their discipline when denying other sciences the quality of being scientific. New critical approaches from the natural, social, and human sciences, however, reflect the interactions and interdependencies between the researcher and his field of research or between the subject-matter and its constituting framework. Thus, economic science has provided the thesis that the modern subject and its rationality are based on socialization processes in the form of thinking in terms of money, which also significantly determine the nature of modern medicine. Compared to its principles of quantification, standardization, mathematization, reproducibility, materialism and so forth, homeopathy, which had already been founded before the great boom of money economy took place in the nineteenth century, appears to be relatively free from monetary thinking as a qualitative, individualizing, hermeneutic, and teleological medicine.

Hahnemann's theory and practice and the modern problem of cognition

In: Schweizerische Zeitschrift für Ganzheitsmedizin 2014;
26 (1): 45

Summary

[[45] The processes of viewing, perceiving, and recognizing are not trivial in medicine. In this regard, modern conventional medicine has committed itself to the method of clinical experiments and statistics as well as the ideal of an evidence-based medicine whose external evidence is ultimately based on "cognition without cognitive subject" in the sense of KARL POPPER. In contrast, homeopathy also pursues Gestalt-theoretical and cognition-based approaches of scientific cognition in the sense of KARL DUNCKER and HELMUT KIENE. Acknowledging the ability to judge and learn on the part of the singular physician, this enables a methodological gathering of internal evidence, which a merely meta-analytically orientated biomedicine fails to accomplish. From the perspective of theory of medicine, the holistic way proves to be more appropriate to the essence of the physician's task. Due to socio-economic reasons tracing back to socialization processes of modern subjects in the monetary form of thinking and the foundation of modern science out of that spirit, however, the biomedical paradigm actually is in power. Since SAMUEL HAHNEMANN had founded homeopathy still before the increasing economization of medicine in the nineteenth century, he and his doctrine may today serve as a lighthouse of an exemplary uncorrupt healing art presently besieged and waiting for its revival.

The need of multi-disciplinary basic research in the history and theory of homeopathy

In: Proceedings of the 70th Congress of the Liga Medicorum Homoeopathica Internationalis, Rio de Janeiro, Brazil, 25-29 August 2015 (CD). Rio de Janeiro, Brazil, 2015, p. 1

Summary

The common view taken by homeopathic practitioners and patients is that homeopathy is a medical art or science founded by HAHNEMANN some 200 years ago and, since then, proven by millions of cures around the world. Although this assessment is not plainly wrong, it fails to grasp the many additional dimensions of homeopathy beyond a purely medical, scientific, and functional level.

HAHNEMANN'S first concept of a "rational therapeutics" (1810) for example comprised philosophical and anthropological premises, such as his understanding of enlightenment and his conception of man, and teleological and theological arguments, derived from his deistic notion of God, as well as social and political layers, such as his patriarchal attitude towards patients and disciples. In the history of reception of HAHNEMANN'S doctrine many more dimensions and problems supervened, such as homeopathy's relation towards scientific progress, for example bacteriology, pharmacology, genetics, epidemiology, public health, etc. The most powerful, threatening, and unrefusable challenge which homeopathy has to face today, however, is modern industrialisation, monetarisation, and economics and the new way of thinking that has been associated with it. Only because the spirit of quantification, standardisation, and reproducibility

is particularly predominant in Western capitalist countries, homeopathy today is exclusively tried by means of randomised controlled trials – as if homeopathy were the culprit and biometricians, pharmaceutical companies, and lawyers were the inquisitors and judges.

In order to realize this dilemma and its multi-dimensional ramifications, it is not enough to try to deliver new studies, but rather to become aware that even significant results will not convince sceptic hardliners of “science-based medicine”, as long as the real problems and obstacles of a proper understanding of homeopathy are not being addressed. To facilitate this, a clear and structured analysis of homeopathy’s entanglements within modern money-driven civilisations is the need of the day, i.e. multi-disciplinary basic research in the history and theory of homeopathy.

Appendix

Duplicate publications

Samuel Hahnemann's concept of rational therapeutics

Principles and problems

In: Journal of the Liga Medicorum Homoeopathica Internationalis 1992; 4 (1): 13-21

[No Abstract]

Keywords

Hahnemann, homeopathy, therapeutics, rationalism, empiricism, philosophy, principle of similars, scientific approach, criticism

[Introduction]

[[13] Of all the systems of medical practice which appeared in the history of medicine towards the end of the 18th and the beginning of the 19th century, homeopathy is the only one which today can still look back on a continuous tradition of its practical-therapeutical application and still has a wide following. In fact, here and now it has once again brought together colleagues from many countries and different continents. There may be more than one explanation as to why this is the case. However, apart from the countless cures which have been attributed to homeopathy, surely one of the most fundamental reasons must be its claim to rationality. If in fact homeopathy was nothing else but pure empiricism, on the one hand a conflict of principles between the experiences made by homeopaths and those made by alleopaths could never have evolved (because then one observation would be just as good as another). On the other hand the mere accumulation of empirical knowledge could scarcely

amount to an independent branch of medical science, let alone such a branch of medical science which distinguishes itself from others by virtue of its special concept and thus claims a place in its own right in the history of medicine.

Through its claim to rationality, homeopathy elevates itself from the field of pure empiricism (where every new observation relativises the one made previously) to the level of principles whose inner coherence has to be based on certain logical rules. Since SAMUEL HAHNEMANN (1755–1843) founded homeopathy as rational therapeutics, the cogent nature of his concept cannot be demonstrated simply by a presentation of casuistic records but rather only by attempting a rational reconstruction of its principles.

In contrast to strictly historical accounts of homeopathy, which usually do appraise the originality of its founder, but not the cogency of his special concept as such, let us attempt here to sketch the main outline of the course of the logically reconstructable steps which brought HAHNEMANN to the conception of his rational therapeutics, the results of which he finally published in ‘Organon der rationellen Heilkunde’ in the year 1810.

1. The starting point of Hahnemann’s efforts to establish rational therapeutics

[[14] a) During the Era of German Enlightenment which influenced HAHNEMANN’S convictions throughout his entire life, the arts and sciences took enormous steps forward whereby philosophy, literature, and the natural sciences in particular blossomed to, what at the time seemed, an unsurpassable degree. The motto of IMMANUEL KANT “*Sapere aude*” (‘Was ist Aufklärung?’ Berl. Wschr. 1784)

aptly describes that general striving as never before to penetrate all realms of life with the human mind.

b) In the field of medicine this attitude also stimulated the development of individual theories and speculative explanations. Whilst various systems of medical practice and schools of thought came into fashion at this time, the actual treatment of diseases further on remained merely a “conjectural art”. In view of this general pluralism of methods and the absence of any generally accepted principles there was a considerable degree of uncertainty at the sick man’s bedside.

c) In HAHNEMANN’S view it was perfectly in order that a doctor – as a “historian of Nature” – should also be very interested in theories, but in his capacity as a “healer” he should only be concerned with a clear concept for the treatment of actual existing patients. Also in fields not directly related to medicine HAHNEMANN himself only carried out research which, ultimately, could be related to therapeutic purposes and indeed all his efforts in the context of medicine were directed towards the goal of establishing therapeutics by which diseases could be cured not only swiftly, gently, and permanently, but also reliably and rationally.

But before he could proceed any further he first had to identify and overcome the obstacles which had hitherto blocked the path to certainty in therapeutics.

2. Criticism of the then principles of therapeutics

a) As far as the profound knowledge of the ingredients of the medicinal preparations used in his day was concerned, HAHNEMANN discussed their manufacture in detail in his ‘Dictionary for Pharmacists’ and also went on to expose

their adulterations at some length in another work. In doing so he pointed out the importance of clear definitions and an unambiguous nomenclature as well as the non-interchangeability of individual medicinal herbs which logically ruled out the possibility of surrogates. Mixtures of different medicinal drugs should never be used in therapeutical practice. Always should only one single remedy on its own be applicated. Further, the physician had to be able to be sure that his patient has actually taken the prescribed drug if his own observations were to contribute something to reliable pharmaceuticals.

b) In HAHNEMANN'S day the knowledge of the actual nature of diseases was extremely limited. Not surprisingly, therefore, there were often disagreements regarding their pathological classification. HAHNEMANN saw this as all the more reason for the need to define and differentiate cases of illness on as exact a basis as possible, and whilst doing so not to let himself be influenced by speculation regarding their cause, or by school dogmas or superstition.

[[15] c) Vaguer still, because even less comprehensible, were the reasons for the hitherto use of certain remedies in the treatment of certain morbid states. The obscure origins of general medical prescription uncovered by HAHNEMANN consisted at first either in sheer chance, in "parempirical" lay practice, in superstitious beliefs – such as the doctrine of signatures – or later in speculations on the basis of natural philosophy concerning the intrinsic nature of diseases and medicines. But since a rational system of therapeutics could scarcely be based on chance or the undiscerning judgement of laymen, and since neither superstition nor unfounded theories could provide a solid basis for the human mind, HAHNEMANN rejected all these principles.

Instead, he turned to the scientific approach initiated by FRANCIS BACON ('Novum Organon', 1620) which sought to uncover Nature's secrets through inductive conclusions arrived at on the basis of systematic experiments.

3. The scientific approach and its limits in curative medicine

a) Through the medium of chemistry – HAHNEMANN'S favourite science – with a view to establishing facts about drugs, it was possible, for example, to analyse the constituent ingredients of the substances in question, to expose adulterations, and to refine dosing procedures. Only once they had been defined or standardised chemically could curative drugs be compared and contrasted scientifically in comparative studies. – However, HAHNEMANN found that the actual curative properties of the drugs could not be explained in terms of chemistry because these essentially only became apparent under the influence of the living organism, and thus ultimately chemistry was “outmatched by vitality”.

b) Patient's symptoms could also sometimes be traced back to mechanical or chemical causes: gallstones, bladder calculus, accidentally swallowed acid, bone fractures, etc. Assuming corresponding homogeneity of the substrate in question, for the chemical or mechanical-surgical removal of these causes, absolutely comparable investigations could be carried out and would ultimately enable the optimisation of these therapies. – Yet however much HAHNEMANN recognised the validity of this approach in the case of unmistakable causes of medical complaints, he found that most morbid states could not be reduced to mechanical or chemico-physical causes. HAHNEMANN used the term

“dynamic” causes here to express the different nature of these morbid states.

c) As far as the relationship between mechanical or chemical causes of a morbid state and its therapy was concerned, HAHNEMANN saw that there was general agreement: removal of suppurating splinters or accidentally swallowed poison, cleaning of wounds, etc. If complaints were clearly attributable to one particular and recognisable cause, then these complaints should have ceased once the said cause had been removed. – However, HAHNEMANN found that this did not apply in the case of the so-called dynamic diseases. Because such diseases could not be reduced to mechanical or chemical causes, the scientific approach could at best influence only partial moments of a complex dynamic process but could not cure diseases as such.

In order to develop a therapy for the successful control of dynamic diseases as well, [[16] first the realm of the scientific approach had to be realised as insufficient and a new horizon opened.

4. Extending of the scientific horizon to account for new experiences

a) After HAHNEMANN had perfected his method for the preparation of the *Mercurius solubilis Hahnemanni* since named after him, he observed when using this substance to treat venereal disease in 1789 that even minute quantities were sufficient to bring about a cure – provided that a “mercurial fever” could be provoked in the patient. Since, in view of the minuteness of the dosage, the possibility of any chemical effect of the mercury on the venereal poison could be discounted, it was here apparently a matter of stimulating a fever-like reaction in the organism. –

Although the concept of irritability as a capacity of the organism to produce a dynamic response to specific stimuli was clearly beyond the realm of mere mechanism and chemism, it did provide the means for a conceptual understanding of the course of dynamic diseases.

b) With a concept of the human body as an organism which reacts to stimuli, symptoms of disease needed no longer to be regarded as simply the consequence of a machine's damage. Instead, now they could be seen as the product of a dynamic reaction on the part of an organism to the stimuli leading to disease. In the same way, the effects of drugs could be regarded as dynamic reactions on the part of the organism to the stimuli caused by the drugs. Considering the organism in this light implied both its entirety (and thus implied also that "local" diseases as such were a misconception) and its oneness (which signified that two stimulations could not prevail in the same organism simultaneously). – If, however, one was to interpret the relationship between drug or disease stimuli on the one hand and the reaction on the part of the organism on the other in mechanistic terms only, everything had to be concentrated on the relationship between irritability and stimuli, which therapeutically would have had to be infinitely varied – as in the case of Brownianism.

c) Opposed to this, cases of spontaneous cures could be noted from time to time during the observation of the course of diseases and this virtually amounted to the recognition in principle of the existence of a self-healing tendency in Nature. But the healing of disease in this manner could not be accounted for satisfactorily either mechanically or in terms of simple stimulation physiology. Instead, the higher, regulative idea of teleology had to be called in. The recognition of the self-healing power of

Nature furthermore implied the dimension of her self-activity, since Nature here was assumed to be the subject. – Incidentally, the conceptual elevation above the level of pure mechanics and chemistry in order to provide an explanation for experiences which cannot be accounted for in these terms does not discount this level from the context of the extended concept as a whole: clearly chemical-mechanical categories can adequately describe various individual subreactions of the body as a moment of its entirety. However, teleological categories must be resorted to in order to explain the overall coordination of the single causal sequences occurring during the process of healing a disease by the organism. Indeed, such notions [[17] as health, disease, healing, etc., can only be understood teleologically.

5. Establishing the possibility in principle of rational therapeutics

a) Since the concept of a teleological ruling of Nature was immediately questioned by the observation of diseases which were apparently incurable, the notion of a purely organic teleology of Nature proved to be untenable. However, the fact that the efforts of “crude Nature” did not always be adequate to cure diseases did not appear to HAHNEMANN as any reason to abandon his teleological ideas as such. The existence of supposedly incurable diseases rather appeared to him to have the purpose of spurring on the human spirit and human love to develop rational therapeutics with which it would be possible to control even these diseases.

b) But could it not be the case that, despite every effort on the part of the human spirit and the application of all human love, some diseases will still remain incurable

forever? In order to discount this purely hypothetical question HAHNEMANN had to resort in the end to theological argumentation: Inasmuch as God on the one hand is both love and wisdom as well as the most consequent being ever, but on the other hand has allowed mankind to suffer disease, He was also obliged to provide means by which these diseases could be healed reliably and rationally. Since, as already pointed out, dynamic diseases could in principle not be traced back to any one simple material cause, it had to be possible to heal these diseases also without necessarily having to identify such a cause. As far as HAHNEMANN was concerned, this was an inference from his conviction that God only made possible that which was really necessary (just as He made the useless impossible).

c) Once now the possibility of rational therapeutics was recognised in principle, it was only a question of human love and mental effort and the right path would be found and practiced. With great enthusiasm and considerable sacrifice HAHNEMANN set off on this path. – Whilst sceptics and atheists amongst doctors resigned their therapeutical efforts relatively lightly when confronted with hopeless cases, HAHNEMANN'S trust in God and the confidence which he derived from this trust proved to be an effective counterweight to the mental and spiritual gravity and thus as highly sensible from the practical-moral point of view.

The foundation proper of homeopathy was laid against this teleological-practical background.

6. Discovery of the Principle of Similars as a maxim for the treatment of dynamic diseases

a) If one considered the effects of medicines not as a chemical process taking place at certain parts of the human body, but rather as the result of a reaction between the

organism in its entirety and the stimulus of a certain medicine, then this result would have been the more clearly perceptible if the organism in question was not being subjected to other stimuli at the same time. The methodical exclusion of other additional disease [[18] stimuli when researching the healing powers of drugs led to the practice of conducting such tests only on healthy people. As far as the purity of these results was concerned, much more importance than before was now attached to restricting such provings strictly to one remedy at a time.

b) Furthermore, if diseases were regarded not simply as a derailment of an otherwise normally functioning machine, but in principle as reactions on the part of the organism to disease stimuli, observations for which there had hitherto been no explanation in terms of mechanics could now be accounted for. For example, the fact that one disease could be cured or suspended by the contracting of another could be explained by the notion that the stimulus of the first disease was either destroyed or suppressed by that of the second. The reason why smallpox could only suspend measles, mumps, and German measles, but heal cowpox, seemed to be that the former were dissimilar whilst the latter were similar diseases.

c) Since the organism could be transferred to a state of illness by stimuli of drugs as well as by stimuli of diseases, and since certain diseases causing similar states of stimulation could erase each other or heal each other, the same could be attempted with selected stimulations induced by drugs. In this case, the resulting disorders in the organism could be controlled much more efficiently than when caused by disease. The fact that the symptoms which a drug was able to induce in a healthy organism could be very similar to those induced by a disease was already known to HAHNEMANN from tests which he

conducted with *cinchona* bark on his own body in 1790. These and other observations which he interpreted in the same light finally strengthened HAHNEMANN'S conviction that he had hit upon a new healing principle for dynamic diseases. When he first published the principle "*Similia similibus*" in the year 1796, he restricted its indication to those diseases for which a clear cause was neither recognisable nor removable – because otherwise first priority had to be given to the removal of the same.

7. Development of the homeopathic treatment of dynamic diseases

a) In order now to treat diseases with the right drugs in accordance with the Principle of Similars, the first step was to gain an overview of the dynamic medicinal powers of the substances available. Since it was not possible to research the capacity of drugs to influence the state of health of a human being either within the fields of mechanics or chemistry or in experiments with animals, this could only be tested on healthy human beings. The *materia medica* which was obtained in this way was based strictly on keeping with experimental methods and accurate observations made under constant frame settings and could thus be regarded as "the pure language of questioned Nature" – in contrast to usual scientific research, however, and this is the decisive factor, of "living" Nature. Since it was often difficult to distinguish spontaneously occurring symptoms from the proving symptoms, HAHNEMANN went on to develop exact methodical instructions covering matters ranging from the avoidance of suggestive questions to the strict observance of diet.

b) Now the symptoms of the patient's disease were researched during the anamnestic [[19] examination just as

carefully as the proving symptoms induced by the drugs. Since such general symptoms as nausea, headache, diarrhoea, etc., could be caused by almost any drug, it were mainly the less common symptoms of the patient which permitted an exact selection of the right homeopathic remedy. Accordingly, HAHNEMANN increasingly specified the valence of individual disease symptoms. Initially it was the general resemblance between the symptoms induced by diseases and by drugs respectively which was important to HAHNEMANN. Later on it were particularly the strongest and the most trying, and then finally the most uncommon, peculiar, and characteristic signs and symptoms which were to become of greatest importance to him when selecting the homeopathic remedy.

c) Logically, the consequent prescribing of drugs which themselves could induce similar symptoms to those already produced by the disease had to result in an initial worsening of the disease during treatment. With the object of allowing this deterioration to go only as far as necessary, and to keep it as slight as possible, from the year 1797 onwards HAHNEMANN went over to the practice of increasingly diluting the dosages given. To his surprise he found that there was no limit to the extent to which he could dilute homeopathic remedies beyond which they would no longer have any curative effect. At a later date when ideas of natural philosophy were beginning to carry greater weight in medicine, in order to lend this phenomenon – which he admitted he “did not understand himself” – greater plausibility he spoke of “potentizing” of the medicinal power during the diluting and shaking process. As an empirical chance find – in contrast to the actual fundamentals of homeopathy which have just been discussed – this discovery has in no way been constitutive for HAHNEMANN’S concept of rational therapeutics.

During the course of this attempt which has just been made to reconstruct the principles of SAMUEL HAHNEMANN'S rational therapeutics, a number of logical steps could be distinguished:

1) As a starting point on the one hand a) HAHNEMANN'S enlightening mind, and on the other b) the uncertainty prevailing in medicine from which c) the dynamism of the endeavour for a reliable and rational therapeutics was generated.

2) HAHNEMANN'S criticism of the then principles of healing regarding a) the drugs used, b) the classification of diseases, and c) the reasons for prescribing which remedies for which diseases.

3) The scientific approach in researching a) the drugs, b) the material or chemical causes of diseases, and c) the causal therapies of these diseases.

4) Extending the scope of the scientific approach through recognition of a) the irritability of the organism, b) the entirety and oneness of the organism, and c) the self-healing power of Nature.

5) The argumentation for the possibility of rational therapeutics in principle by a) abandoning straight teleology of Nature in favour of a teleological notion of human striving, b) taking a theological resort to God as the guarantor for the possibility of rational therapeutics, and c) the own concrete efforts in establishing and developing rational therapeutics.

[[20] 6) Discovery of the Principle of Similars through a) the concept of the effects of drugs as reactions of the organism to the stimuli caused by the drugs, b) the concept of morbid states as the result of reactions on the part of the organism to disease stimuli and also the observation that certain diseases could be cured by other similar diseases,

and c) the imitation of these natural healings through the administration of drugs operating in a similar mode.

7) The development of the doctrine of homeopathic therapeutics by a) systematic provings of drugs on healthy persons, b) the development of the hierarchisation of patient symptoms, and c) the gradual dilution and shaking of medicines.

So much for the reconstruction of the principles which guided HAHNEMANN when founding his rational therapeutics. The history of homeopathy and also that of classical medicine record that this concept was at first scarcely heeded by academic medicine, and also that even later on, despite the discussion of homeopathy in detail in countless apologies and criticisms it was never recognised for what it claimed to be. However, it could be demonstrated that most of the disputes between homeopaths and alleopaths on the one hand and homeopaths and so-called semi-homeopaths on the other have arisen from misunderstandings regarding the ontological status of the principles represented in either case.

For example, alleopaths and so-called scientific-critical homeopaths likewise believed that by calculating the active ingredient concentration of high potencies and applying the LOSCHMIDT number to this they could at least reduce high potency homeopathy to absurdity. Since homeopaths sometimes regarded the Principle of Similars not as a procedural maxim but rather as a natural law (comparable with the law of gravity), alleopaths on the other hand logically demanded scientific verifications not only of the drug provings in healthy people but also of homeopathic cures in the form of clinical double-blind studies. However, the carrying out of these nearly always ran into virtually insuperable difficulties. Other homeopaths came to regard

their activities as a complete alternative to scientific medicine in its entirety – this being quite in contrast to HAHNEMANN’S basic attitude which was not to abandon the scientific approach until one had fully explored its limits within therapeutics as a whole, and even then only with the object of treating dynamic diseases.

Much more could be said about the difficulties which arose from the uncertainty both on the part of alleopaths as well as homeopaths about the status of homeopathy within medicine as a whole, except for the difficulty which this itself would involve in terms of the time it would take. But as will be readily apparent from the few examples considered here, it was usually simply a case of a lack of knowledge regarding both the basic principles and limitation of one’s own particular position which was in the way of a fruitful development and self-examination of homeopathy in the discussion with other concepts.

A discussion of the most important arguments which have been decisive in the history of homeopathy from the earliest of times from the point of view not only of their historical originality and place in time but also from that of their philosophical justification [[21] and cogency in principle, would certainly be an interesting and momentous undertaking. For the time being, however, this present attempt at a rational penetration of the underlying concept of HAHNEMANN’S homeopathy may have been sufficient to sketch out the fundamentals for such a purpose.

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History and relevance of the sixth edition of the 'Organon of medicine' (1842)

In: Homeopathic Up-Date 1994; 2 (4/5), 153-160

[Text]

[[153] The first edition of the 'Organon' was published by HAHNEMANN in 1810, entitled 'Organon of the Rational Healing Art'. It went through five editions, each of them revised by the author. The last edition appearing during HAHNEMANN'S lifetime was the fifth, published in 1833 in Dresden and Leipzig. In 1842, however, one year before he died in Paris, HAHNEMANN completed the manuscript of a sixth edition. For that purpose he used an interleaved copy of the fifth edition and went over paragraph by paragraph, making changes, erasures, annotations, and additions - in his typical handwriting.

This manuscript, out of several adverse circumstances, remained unpublished for 79 years, until RICHARD HAEHL in 1921 and WILLIAM BOERICKE in 1922 edited a German and an English edition, respectively. This, however, took place, when homeopathy - especially in the United States of America - experienced already a rapid decline. Thus, almost the entire American history of homeopathy was based on HAHNEMANN'S fifth edition of the 'Organon', published in 1833 - also applying to the school of JAMES TYLER KENT who had died in 1916.

While working on its translation into English, WILLIAM BOERICKE in San Francisco definitely had the original manuscript at his disposal. RICHARD HAEHL in Stuttgart, however, had to use mainly a handwritten copy of HAHNEMANN'S manuscript for his German edition. Although HAEHL had purchased the original manuscript in Darup

(Westfalia) in 1920, he evidently went through it just for some days and thereafter sent it to BOERICKE in the United States. All further German editions of the 'Organon' again were based on the edition by RICHARD HAEHL (which itself was based just on a copy of the original). In this way, no authentic German [[154] edition existed until last year.

Actually HAHNEMANN'S manuscript of the 'Organon' is kept at the 'University of California, San Francisco', at the 'Special Collections' of its Library. During that year when I was a visiting scholar there, doing research on the history of homeopathy in San Francisco, I also took advantage of the opportunity of looking through HAHNEMANN'S manuscript virtually every day. I had completed my work on the 'Organon' in February 1992 – exactly 150 years after HAHNEMANN had completed his manuscript. Finally in May 1992 the first text-critical edition of it was published at 'Haug-Verlag' in Heidelberg.

(If you may wish to have a look at it: All text in italics corresponds to handwritten text in the original, and all of the almost 1,700 footnotes mean changes as against the fifth edition. So from now on it will be possible to selectively distinguish all those parts of the 'Organon' which HAHNEMANN left alone from those which he completely changed).

The authenticity of HAHNEMANN'S manuscript is secured by autographic criteria as well as by HAHNEMANN'S own written references to this manuscript, e.g. in a letter (to his publisher, Mr. SCHAUB, in Düsseldorf) which is preserved in Stuttgart written in February, 1842, he stated: "I have now, after eighteen months of work, finished the sixth edition of my 'Organon', the most nearly perfect of all".

After HAHNEMANN'S death in July 1843, the manuscript first went into possession of his widow, MÉLANIE HAHNEMANN

D'HERVILLY who, however, didn't accept any of the many offers on the part of homeopaths to publish it. Anyway, she had somebody make a handwritten copy. During the French-German War in 1870/71, Mrs. HAHNEMANN, her adoptive daughter, and her husband CARL VON BÖNNINGHAUSEN, had to leave Paris and thus went to the estate of the latter in Darup (Westfalia). Also all posthumous works of HAHNEMANN (including the manuscript of the 'Organon') were then brought there, and after the death of Mrs. HAHNEMANN everything went into the possession of the VON BÖNNINGHAUSEN family. Again all negotiations with homeopaths regarding the publication of the 'Organon' failed.

Only in 1920, under the altered political and economical conditions after World War I, RICHARD HAEHL from Stuttgart, with financial aid from WILLIAM BOERICKE and JAMES W. WARD in San Francisco, succeeded to purchase the posthumous works of HAHNEMANN (including the manuscript of the 'Organon' and a handwritten copy of it) from the family of VON BÖNNINGHAUSEN. After HAEHL had received the 'Organon' in April 1920, he immediately sent it to New York where it was picked up by BOERICKE personally in May 1920. In June 1920, however, the latter presented it at both annual meetings of the 'American Institute of Homeopathy' in Cleveland and of the 'International Hahnemannian Association'. Then he worked out its English translation in San Francisco.

Original considerations to hand the 'Organon' over to the 'American Institute of Homeopathy' or to the 'Smithsonian Institution' in Washington, D.C., for their exhibition on homeopathy, were not realized. After BOERICKE's death in 1929, JAMES W. WARD kept the 'Organon' in his office and then, in 1933, gave it to the 'Homeopathic Foundation of California' having a joint office in downtown San Francisco.

The 'Foundation's' entire library, which after the death of WARD [155] in 1939 was named after him, was moved into the new building of the 'Hahnemann Hospital' in 1940. The 'Organon'-manuscript, however, was put in the safe of the hospital and then (after another valuable book had disappeared from that safe) into the private safe of the chief of staff, HOWARD ENGLE. After his death in 1952, ELSA ENGLE, his sister-in-law and former secretary of the 'Foundation', had to rent a safe on her own expense to preserve the 'Organon', since nobody else from the Foundation showed any interest.

Only in 1959 PIERRE SCHMIDT from Switzerland (by the way, not related to me), on the occasion of his visit at the 'Annual Conference of the International Hahnemannian Association' in San Francisco, asked for this manuscript. Yet, since Mrs. ENGLE at that time had other commitments, he wasn't able to see it. After his return to Switzerland, however, Mrs. ENGLE sent him slides of it, on the expense of the 'California Women's Homeopathic Association', founded in 1959.

The only person who was allowed to personally have a look at the manuscript, was Mrs. ENGLE's family physician, FREDERIC SCHMID, a German homeopath, who ultimately taught homeopathy at UCSF in 1984 for some months (not being related to me either).

On an inquiry of HEINZ HENNE from the 'Institute for the History of Medicine' in Stuttgart, in 1971 a microfilm of the entire manuscript was prepared at the 'University of California, Berkeley', and a copy of it was sent to Stuttgart. After that, UCSF's former professor of homeopathy, OTTO E. GUTTENTAG, with the agreement of Mrs. ENGLE, gave the manuscript to the 'Special Collections' of UCSF-Library where meanwhile the library of the 'Homeopathic Foundation of California' had been transferred. Thus, in

1974, on the occasion of an exhibit on homeopathy, GUTTENTAG was pleased to show the original 'Organon'-manuscript to visitors of an 'International Homeopathic Congress'.

Presently the original manuscript is preserved and kept in the 'Special Collections' of UCSF-Library, and open to the public. Under supervision by the library staff users of the Library can have a look at it. Because of the poor condition of its many old and fragile sheets of paper pasted into it, however, it is generally recommended to first use the microfilm. Only in case of specific questions, i.e. when the information out of the microfilm proves to be insufficient, the original may be requested. (Anyway, most of it is old German handwriting, so that the people interested in reading it, probably won't be too many.)

Now, to give you an impression of how the original manuscript looks like, I brought along some slides:

- Basically, the user of the library gets the book on a cloth of felt, on a book-stand, with a page-holder of velvet.
- This is the interleaved copy of the fifth edition of the 'Organon' which HAHNEMANN used to insert his corrections and additions for the sixth edition.
- Where the empty space in this interleaved copy proved to be insufficient for HAHNEMANN'S emendations, he pasted in small sheets of paper and continued to write on them. When these attached sheets again proved to be too small, he pasted new sheets on these original sheets etc.
- Here you see a page of the manuscript where the total length of a strip of sheets pasted together measures almost one meter, i.e. more than four times of the height of the book.

Now, let us have a look at [[156] the famous paragraph 270, where HAHNEMANN - for the first and only time in his

entire literary work – described the manufacturing procedure of the 50,000- or Q-potencies:

- The beginning of the main part of the paragraph is being found in HAHNEMANN'S handwriting.
- In the second part of it, the original sheet of paper with HAHNEMANN'S handwriting is torn into pieces, and the missing text is written on another sheet pasted between the original pieces. It is written in HAEHL'S handwriting and nobody knows its origin.
- The first footnote to this paragraph is written in another handwriting which, however, can be considered as authorized by HAHNEMANN, since you will notice insertions of words and phrases in HAHNEMANN'S own handwriting on it. Consequently, this section probably was a dictation by HAHNEMANN which he finally had revised himself.
- The footnotes 2 to 6 again are in HAHNEMANN'S handwriting.
- The footnote 7, at its beginning, is in HAHNEMANN'S handwriting, but since the sheet evidently was torn off, the rest of it is in HAEHL'S handwriting – with reference to a pretended “dictation of HAHNEMANN” which is not preserved, however.
- In the paragraph 284, finally, you can find three different handwritings on the same sheet of paper. First HAHNEMANN'S, then his clerk's, and then RICHARD HAEHL'S.

These slides may show you why a text-critical edition of HAHNEMANN'S ‘Organon of medicine’, the basic textbook for every homeopath throughout the world, is fundamental to any kind of serious future research on it.

The practical and historical significance of the sixth edition results from its changes as against the previous ones. HAHNEMANN here expressed new thoughts regarding the notion of “dynamic actions”, the “vital force”, “disease”

as such, the status of different kinds of therapeutics, the nature and treatment of the “chronic miasms”, the self-dispensing of drugs, the administration of single drugs and minimal doses, but also the justification of “sniffing” at drugs, the application of the magnet, of “mesmerism”, of electricity and Galvanism, of rubbing-in drugs, of massages and baths.

The most important innovation, however, was the altered way of potentization of drugs and the corresponding changes of their dosage and administration. Since now every dilution of 1:100 was completed by a dispersion of 1:500, the new potencies were supposed to act milder and quicker and therefore to be taken every day, even over a period of several months. – This was quite the contrary to HAHNEMANN’S instruction in the fifth edition of the ‘Organon’ to administer just one dose of a high potency and then wait and not give any dose of medicine any more unless the patient’s process of recovery decreases once again. Nevertheless, this older method was the basis of almost the entire history of homeopathy, especially in the United States.

Even after the first publications of the sixth edition of the ‘Organon’ in the 1920s, the new posology was ignored rather than accepted by the homeopathic community. After all, the manufacturing procedure was more difficult than the old one.

Oddly enough, not even RICHARD HAEHL – in the preface to his new ‘Organon’-edition of 1921 – mentioned the new way of potentization, but just talked about the “centesimal”-potencies of paragraph 270. Only in his biography of HAHNEMANN, published in the next year, he [[157] roughly described the altered way of application of HAHNEMANN’S pellets, but not their manufacturing procedure. The editor

of both books was the pharmaceutical company 'Willmar Schwabe'.

RUDOLF TISCHNER (1879-1961), within four volumes of his history of homeopathy, only dedicated four lines to a short reference to the modification of the way of potentization during HAHNEMANN'S time in Paris. Even in the revised edition of his work in 1950 he considered it sufficient to mention the new ratio of dilution of 1:50,000 to denounce this as a "purely spiritualistic concept".

The first one who took HAHNEMANN'S instructions regarding the new potencies seriously and actually tried them on his patients was RUDOLF FLURY (1903-1977). In the early 1940s he fabricated 50,000-potencies by himself, coined the term "LM-potencies" for them, and applied them as pellets in the mornings and evenings. In 1950 he published his experiences pertinent to this in Lyon. Also ADOLF VOEGELI (1898-1993) had applied and recommended 50,000-potencies relatively early. JOST KÜNZLI VON FIMMELSBURG (1915-1992) started in 1949 to prepare and apply these potencies. PIERRE SCHMIDT (1894-1987), in the course of his French translation of the sixth edition of the 'Organon' published in 1952, thoroughly examined the 50,000-potencies, but - according to his statement - applied them only two or three times a year.

In 1960 KÜNZLI introduced the term "Q-potencies" (for quinquagintamillesimal-potencies) and once again described HAHNEMANN'S directions regarding their fabrication and application in detail, because - according to his view - up to that time nobody had carried this out accurately. Nevertheless, a conference held five years later still showed marked differences between the various interpretations of HAHNEMANN'S instructions: some homeopaths started their treatment with 1Q, some with 6Q and some with 18Q.

Only since the late 1950s the so-called LM-potencies were offered by pharmaceutical companies, and finally their manufacturing procedure was included in the 'Homeopathic Pharmacopoea' (HAB). However, till the very recent past there was no manufacturer producing Q-potencies originally according to HAHNEMANN.

As an excuse for not considering Q-potencies, sceptics among homeopaths usually kept doubting the genuineness of the instructions described in the 'Organon'-edition published by RICHARD HAEHL in 1921. Since last year, however, there is no reason left to ignore these directions, because the text-critical edition of the original manuscript, available since 1992, henceforth will vouch for their authenticity.

Well, why did HAHNEMANN abandon the old way of potentization and adopt a new one, anyhow? To answer this question let us first follow the development of HAHNEMANN'S concept of potentization:

When HAHNEMANN in 1796 had published the Principle of Similars, the very next year for the first time he used the term "dynamic" which henceforth meant a direct effect of a remedy on the living fiber respectively on the nerves of an organism. Applied according to the Principle of Similars, i.e. in states of specific sensibility on the part of the patient, some medicines proved to react too strong when given in usual doses. For that reason, during an epidemic of scarlatina in 1800 HAHNEMANN already recommended a dilution of [158] only one 24-millionth of a grain of *Belladonna* – of which some drops should be taken every three days.

If – in case of very sturdy persons – the effect of a small dose should slightly be increased, this according to HAHNEMANN could be arranged via two principles:

- first by diluting and stirring the medicine in a glass of water, because when taking it, it would come into contact with more nerves and
- second by dividing the total dose into several single doses. According to an example by HAHNEMANN the effect of two drops given daily for five days proved to act stronger than ten drops taken at one time only.

For both principles HAHNEMANN even laid down a mathematic ratio and published that in all of the first five editions of the 'Organon'.

Beyond these practical tenets HAHNEMANN also theoretically was convinced of the infinite divisibility of matter. So even the smallest part of the highest dilution according to him would always still contain "something" of the original substance and never would become "nothing".

Proceeding from these concepts, during the following years HAHNEMANN arrived at ever increasing dilutions: 1806 he mentioned a dilution which contained only a "quintillion" of a grain (corresponding a 15c), 1809 he had reached a "sextillion" of a grain (corresponding a 18c) and 1816 finally a "decillion" of a grain (corresponding a 30c).

Only at that time HAHNEMANN gradually passed over to a kind of standardization of the manufacturing procedure of these "dilutions" - as he still called them. In 1816 for the first time he described the systematic dilution and succussion of a tincture in the ratio 1:100 (till a 30c) and in 1818 he gave an example for the systematic trituration of insoluble substances with milk-sugar in the ratio 1:100 (till a 2c). In 1821 eventually he prescribed the number of ten strokes for each step of dilution.

Meanwhile, HAHNEMANN had been exposed to more and more hostility, for not only did he lecture at the 'University of Leipzig' on his fantastic doctrine, but also insisted on the

self-dispensing of his medicines. In order to ridicule HAHNEMANN'S posology, his opponents compared the high attenuations with the dilution of one drop of medicine in the Lake of Geneve. Confronted with this kind of arguments, HAHNEMANN in 1821 eventually developed the following new concept: medicines would not be dead substances, but rather spiritual entities which only in their crude state would seem to be bound and frozen. By means of a special preparation, however, they would become unbound, unfolded and developed, and their effects faster and stronger.

In accordance to this concept in 1824 HAHNEMANN limited the number of strokes per dilution to two and the duration of triturations per grade to one hour at a time. The pupose was, as he wrote, "to keep the development of the medicinal forces moderate". In addition to that, now he also described the dissemination of one drop over tiny sugar-pellets. – Only after all elements of his new procedure of a gradual dilution, trituration and succussion of medicines had been introduced, in 1827 HAHNEMANN finally coined the term "potentizing".

In his work on chronic diseases published in 1828 – in connection with his discovery of the colloidal solubility of insoluble substances – HAHNEMANN gave a very precise instruction how to manufacture first a 3c-trituration of any medicinal substance and [[159] then processing this in the form of dilutions. – This very direction can be found as annotation 1 of paragraph 270 in the sixth edition of the 'Organon'. In other words, this is the basis for the production of every Q-potency.

There is a tenet in all of the six editions of the 'Organon' which says that "any continuing and increasing amelioration (of a disease) excludes any repetition of any medicine". Despite that, from 1832 on HAHNEMANN tried to

shorten the period of mere observation after the application of a high potency as far as possible – in order to accelerate the healing especially of chronic diseases. In contrast to his former view, he now found that a repetition of the same dose is necessary as well as possible – even in chronic diseases. As an example, small doses of *Sulphur* 30c could be repeated – if necessary with the use of intermediate remedies – in intervals of 7-14 days, about 4-10 times. In acute diseases the dose of a 30c could be repeated even within a couple of hours. On grounds of both new tenets, 1st that medianes accomplish the more, the more frequent they can be applied, and 2nd that they can be repeated the more frequently the smaller their dose is, HAHNEMANN increasingly stressed the mere sniffing of medicines. – This article of HAHNEMANN, published in 1832, in the following year was incorporated in the fifth edition of the ‘Organon’. A new paragraph now read: “The dose of the same medicine is being repeated until the same remedy ceases to bring an amelioration”.

In the second edition of the ‘Chronic Diseases’ in 1835 HAHNEMANN again stressed the tenet to let every dose “act as long as the amelioration increases”. But as an “approved exception” he mentioned the cases where during the treatment of a chronic disease the amelioration stops after 7-14 days, without any other aggravation. Here it would be possible and necessary to repeat the doses of the same remedy – in the “same minuteness”, but possibly in a modified grade of potentization, e.g. first 30c, then 18c, then 24c, then 12c or 6c etc. Further, the potency could also be augmented and thus modified by diluting and stirring the dose in a glass of water and dividing its application e.g. over three days. Apparently HAHNEMANN here recalled principles already found 30 years before. –

Also the instructions of administering Q-potencies rest on these very principles.

In 1837 HAHNEMANN had further elaborated this procedure: He described the dilution of one pellet in 7-20 spoons of water, the addition of some spirit of wine for the purpose of a better conservation, the daily or hourly administration of a spoonful, depending on the fact whether a chronic or an acute disease is under consideration, the shaking of the liquid before its administration with 5-6 strokes to modify its degree of dynamization, etc. – all these being instructions which prove to be almost identical with those for Q-potencies. The only fundamental difference to the latter was the still decreasing sequence of the grades of potencies, i.e. first the 30c, then the 24c, etc. Since in this way every dose of a medicine could be “divided” over 15-30 and more days, to HAHNEMANN now no potentization seemed to be too strong any more. So, instead of the former two strokes per potency, he further on recommended once again ten strokes. – Curiously enough, this short preface of HAHNEMANN was omitted in the otherwise complete English translation of the ‘Chronic Diseases’ by LOUIS H. TAFEL. The [[160] publisher of this standard work was the pharmaceutical company ‘Boericke & Tafel’ which had been co-founded by TAFEL’s brothers.

In 1839 HAHNEMANN eventually went much further inasmuch as he now stated the number of even “10, 20, 50, and more strong strokes” per grade of a potency – which came already near to the final number of 100 strokes prescribed for Q-potencies.

That much was published regarding the way of potentization and administration of homeopathic medicines by HAHNEMANN still in his lifetime. Compared with these instructions, the directions for Q-potencies which are found

exclusively in his manuscript of the sixth edition of the 'Organon', do not seem to be really new: Not surprising at all are – concerning their production – the systematic 3c-trituration, the following dilutions in the ratio 1:100, the 100 strokes per potency, and – regarding their application – the dilution of one pellet into 7–8 spoons of water, the addition of some spirit of wine, the shaking of the bottle before each administration, the former dilution of a spoonful in a glass of water, the strong stirring of it, the daily respectively hourly administration of a teaspoon of this dilution over month, as long as the amelioration continues. – Actually new were – in the manufacture – at best the additional division of one drop over 500 pellets per potency and – in the way of administration – the continuously ascending sequence of the potencies. But also the division of one drop over pellets and the administration of a remedy in increasing attenuations were already known as elements of HAHNEMANN'S kit of tools, but just not in this systematic arrangement.

As it turns out, these late instructions of HAHNEMANN do not mean a complete change of all his previous teachings. Rather they are the logical completion of a course followed by him for ten years already. Q-potencies were HAHNEMANN'S solution of the following therapeutic dilemma: on the one side physicians are inclined to repeat the dose of a high potency as often as possible in order to accelerate the process of healing; on the other side they should refrain from repeating the dose to avoid violent aggravations of the patient's state of health.

According to HAHNEMANN, only in 1842 he definitely had described the most perfect procedure in pharmacotherapeutics. Only then the "*cito, tuto et iucunde*" of CELSUS (1st century) as well as the "fast, gentle,

and persisting” healing, as HAHNEMANN always had propagated it, were guaranteed.

Hence, the significance of the sixth edition of the ‘Organon’ – regarding the Q-potencies – does not consist of completely new opinions of HAHNEMANN (as this in 1961 still was felt by PIERRE SCHMIDT), but rather in the final arrangement of concepts used by HAHNEMANN over many years and decades. Nevertheless, this kind of arrangement is unique in HAHNEMANN’S entire literary work. – Thus, if this manuscript would have been lost during the last 150 years, we wouldn’t have had any chance to learn about its actual contents let alone have been able to edit it in a serious and scientific way.

Therefore, let us bear in mind all the people who contributed to the preservation of this invaluable document of medical history.

[Note]

[[153] * Paper presented in LMHI-Congress 1993, Vienna.

The effect of Thyroidinum 30cH on the body weight reduction of fasting patients

A randomized placebo-controlled double-blind clinical trial

[With Benno Ostermayr]

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Summary

[[362] Background: During fasting the daily reduction of body weight is partly counteracted by low *triiodothyronine* (T3) plasma level and corresponding reduction of protein and fat catabolism, an adaptation that can be overcome by T3 treatment. This study investigates whether an ultramolecular dilution of a preparation of thyroid gland (*thyroidinum* 30cH) affects the course of body weight of fasting patients in so called “fasting crisis”.

Methods: In this randomized double-blind *placebo*-controlled trial 208 fasting patients encountering a Stagnation or increase of weight received a single oral dose (5 pellets) of *thyroidinum* 30cH or *placebo*. Body weight and subjective complaints were measured on days 1-3, blood samples were taken on days 0-2 after medication. There were no drop-outs. 14 patients showed minor deviations from the protocol but were included in [[363] the intention-to-treat analysis. Main outcome measure was the reduction of body weight two days after medication.

Findings: The reduction of body weight two days after medication was significantly lower in the *thyroidinum* group (347 g, SD 304 g, n=102) than in the *placebo* group

(439 g, SD 313 g, n=106). The mean difference was 92 g, 95 % CI 7 to 176 g , p=0.034. Covariate adjustment for baseline imbalances, however, weakened the result to non-significant level (p=0.083). No striking differences were found in the laboratory data and complaints.

Interpretation: The moderate evidence for efficacy of an ultramolecular dilution of *thyroidinum* in “fasting crisis” was not strong enough to clearly reject the null hypothesis. On the other hand, *post-hoc* analysis suggests that by predefining distinct outcome measures this clinical model may be able to yield significant results, resistant to baseline imbalances.

Background

One of the most prominent and criticized stumbling-blocks of homeopathic doctrine is its principle of “potentization”, i.e. the idea that gradual dilution and succussion of a drug enhances rather than diminishes its medicinal forces. The claim, however, that even ultramolecular dilutions of homeopathic remedies might be therapeutically effective clearly exceeds the basic paradigm of pharmacology that holds that without active substance no pharmacological efficacy is to be expected. Although a number of clinical trials seems to show some evidence for ultramolecular effects, apart from few exceptions, methodological quality largely lags behind the exacting demands to studies of that kind.

To help breach this gap we designed and conducted a monocentred GCP-conforming controlled clinical trial with objective und subjective outcome measures to test an alleged effect of a homeopathic remedy in ultramolecular dilution. As a clinical model we chose the putative influence of a 10^{-60} dilution of *thyroidinum* (preparation of thyroid

gland) on the course of weight reduction of fasting patients encountering an unexpected stagnation or increase of body weight.

From literature fasting is well known to reduce *triiodothyronine* (T3) plasma levels, mainly due to an inhibition of extrathyroidal conversion of *thyroxine* (T4) to *triiodothyronine* (T3). This low-T3-state is regarded to be an adaptive mechanism to save energy expenditure by reducing protein and fat catabolism and thermogenesis. T3-treatment, on the other hand, overcomes this mechanism and thus augments the otherwise hampered reduction of body weight in fasting patients.

During fasting patients usually are losing weight every day in declining amounts ranging from about 1.0 kg/d in the first days to about 0.3 kg/d after one or two weeks. Despite food restriction, on some day of the fasting period a stagnation or even increase of weight, accompanied with typical psychic and somatic complaints (so called “fasting crisis”), may occur at individual patients. According to clinical experience, treatment of [364] these states with high dilutions (“potencies”) of *thyroidinum* as a homeopathically matching remedy usually was followed by a normalisation, i.e. a compensatory increase of the daily weight reduction on the next day. Considering the pathophysiological relations between fasting, thyroid hormone, and weight reduction we decided to test whether treatment of a “fasting crisis” with *thyroidinum* 30cH yields different objective and subjective outcomes than treatment with *placebo*.

Methods

Protocol

The present double-blind study was based on the well established infrastructure of a simultaneously conducted 5-year quality-assurance documentation of fasting therapy. During that period body weight of all fasting patients of the hospital was checked daily under standardized conditions and supervision of attending nurses. All patients had to fill out questionnaires on contentment and quality of life before and after fasting and had to report their caloric and liquid intake, their activities and their complaints daily. Doctors had to document history, examination, diagnoses, medication, therapies, and laboratory findings at the beginning and the end of fasting. At the 'Krankenhaus für Naturheilweisen' fasting therapy is applied to a broad spectrum of diagnoses comprising hypertension, diabetes, Osteoarthritis, bronchial asthma, migraine, etc. and consists in a 160 kcal diet with unlimited drinking of mineral water and neutral herbal tea.

Out of these fasting patients those who encountered a spontaneous stagnation or increase of body weight were checked for eligibility (inclusion and exclusion criteria). They had to be fasting 3 days so far and 3 more days prospectively, had to have a weight decrease during the last 3 days of at least 100 g on each single day, comply with the documentation requirements and have collected (complete) data in their checklists, be major, and sign an informed consent. They might not have a severe endocrinologic, metabolic, hematologic, infectious, cardiovascular, respiratory, hepatic, renal, tumorous or psychiatric disease, might not take thyroid hormones, thyreostatics, strong psychochemicals, opiates or iodine containing medication, not have had radioiodotherapy or strumectomy, not participate in another clinical study or have already participated in this study, not be abusing

alcohol or drugs, not be pregnant or breast-feeding, and not have been incorrect in their diet.

Patients entered into the study were subjected to blood examinations on three successive days (day 0, 1, and 2), always at the same daytime. Immediately after the first blood sample was taken, study medication was administered, one single dose of 5 pellets – *thyroidinum* 30cH or *placebo*. As already instructed before, patients continued to measure their body weight under quality-assured conditions and report their complaints, physical activities, caloric and liquid intake etc. in structured diary-forms on each of the following three days (day 1, 2 and 3).

Initially, the main outcome measure was prespecified to be the reduction of body weight on the day after medication. Secondary outcome [[365] measures were determined to be the reduction of body weight on the two following days, the course of 34 laboratory data from day 0 to day 1 and day 2 respectively, and the course of 15 complaints during the days 1 to 3. Additionally, physicians and patients were asked for a global assessment of well-being, toleration, and effectiveness of the medication on day 3 after administration.

The target sample size was calculated to be 300 patients. Expecting a recruitment of two patients per week the study was scheduled for 3 years. According to the sequential plan, after 50 patients an interim analysis (for $p < 0.005$, sic!) and after 300 patients the final analysis (for $p < 0.048$) was determined. A significant result of the interim analysis would have terminated the study. Statistical analyses were intended to be confirmatory for the primary and explorative for the secondary outcome measures.

Assignment and blinding

The study medication was manufactured by a German pharmaceutical company specialized in homeopathy (DHU, Karlsruhe). Powder of dried thyroid gland of German pigs was triturated, diluted, and succussed in the ratio 1:100, 30 times, according to the 'German Homeopathic Pharmacopoeia' (HAB). With the last dilution pellets of sucrose were impregnated and thus constituted the active medication, while another part of the same charge of sucrose pellets was used as control medication. This procedure guaranteed that both sets of study medication consisted basically of identical components (including possible traces of contamination, etc.) with the only difference of the dilution of *thyroidinum* 30cH having been poured on one of them.

Study medication was randomized in blocks of six, stratified for males and females to ensure equal representation of the outnumbered men in both treatment groups, by the 'Biometrie Center for Therapy Studies' in Munich where the list with the code was deposited in a sealed envelope. Since nobody in the hospital knew the code or perceived any difference in appearance or taste between the single units of the study medication, blinded assignment was completely guaranteed. Prior to inclusion every patient had to sign an informed consent. The protocol was approved by the ethic committee of the 'Bavarian Board of Physicians'.

Findings

Participant flow and follow up

At the 'Krankenhaus für Naturheilweisen' out of 499 fasting patients reported to be encountering a stagnation or increase of body weight 211 patients were eligible and allocated to a randomization number. Three patients (2

thyroidinum, 1 *placebo*), however, withdrew their consent before opening the container. Thus, 208 patients actually received study medication. In 14 cases shortly after administration it was noticed that by mistake on the part of the physician on duty one of the eligibility criteria had been overlooked. Nevertheless, all 208 patients were followed up and analysed.

Analysis

[[366] After one year file-closing, “semi-deblinding”, and interim analysis were carried out. Contrary to full deblinding which tells the analyst what medication the groups had received (*thyroidinum* or *placebo*), “semi-deblinding” reveals just the information which individuals belong to one group (A) and which to the other (B), but not which group was the treatment and which the *placebo* group. Per-protocol analysis (n=53) showed a mean reduction of body weight on the day after medication of 476 g (SD 351 g, n=29) in group A and of 575 g (SD 251 g, n=24) in group B. Since the p-value (0.25) was not < 0.005 the study was continued.

A comparison of reduction of weight on days 1, 2, and 3, however, showed that the most striking difference between both groups (A and B) appeared on the second rather than on the first day after medication (181 g on day 2, versus 99 g on day 1). Considering a possible delay of metabolic changes as well as the bipolarity of many homeopathic effects, it seemed in fact more plausible to expect the main – if any – effect of a remedy supposed to modulate thyroid metabolism and reduction of body weight of fasting patients at the later date. Hence, in default of any hints from literature to our pioneering research model, in an amendment to the protocol the main outcome measure was changed from weight reduction on the first to weight

reduction on the second day. This amendment was written down, signed and sent to the 'Biometrie Center' (where it was kept in a safe) at this early stage of (just semi-deblinded) interim analysis when neither the analyst nor the investigators knew what medication the groups had received.

After three years and three months final file-closing, full deblinding, and analysis took place. Study medication had been administered to 208 patients (intention-to-treat collective). 14 patients showed one minor deviation from the protocol each, such as not having had a reduction of weight for three consecutive days preceeding the stagnation of weight (5 *thyroidinum* and 1 *placebo* patients), not having had a stagnation or increase of weight on day 0 (1 *thyroidinum* patient), having taken thyroid hormone (1 *thyroidinum* and 1 *placebo* patient) or an iodine containing drug (1 *thyroidinum* and 1 *placebo* patient) during the study period, having had radioiodine therapy before (1 *thyroidinum* patient), not being major (1 *thyroidinum* patient) or having already been subject to the study (1 *thyroidinum* patient, eight months before). There were no drop-outs. The per-protocol collective thus contained 194 patients. One single unintended severe adverse effect (transient ischemic attack with hemiplegia) receded under therapy, while the code remained unbroken. After analysis it turned out that this patient had received *placebo* medication.

Statistical analysis of the intention-to-treat collective showed that the average reduction of body weight two days after medication was significantly lower in the *thyroidinum* group (347 g, SD 304 g, n=102) than in the *placebo* group (439 g, SD 313 g, n=106). The difference between the sample means was -92 g, with a 95 % confidence interval from -176 to -7 g. The t-test statistic was 2.14, with 206

degrees of freedom and an associated p-value of $p=0.034$. Removing outliers increased rather than decreased significance.

No striking differences between the groups, however, were found in the secondary outcome measures, i.e. reduction of weight on day 1 (difference of means: 17 g) and day 3 (difference of means: 18 g). Nor did exploratory analysis of the course of the laboratory findings from day 0 to day 1 or 2 respectively and the course of daily complaints during the days 0 to 3 reveal major differences regarding direction or quantity of the changes. The same was true for the assessment by physicians and patients regarding well-being, toleration, and effectiveness.

Both groups were comparable in some 200 baseline parameters, indicating that randomization had been quite successful. A few random differences, however, had to be considered as confounding factors of the result. E.g. the mean body weight was higher in the *placebo* group (not significant) as well as the mean daily weight reduction in the run-in period (significant on days -2 and 0). To determine their impact, a covariate adjustment was carried out using a general linear model (GLM, univariate), analysing each confounding variable in sequence. In the intention-to-treat collective ($n=208$) significance of the main outcome, i.e. the difference in weight reduction on day 2, remained after adjustment for the covariates body mass index ($p=0.046$) and weight reduction on day 0 ($p=0.021$), but not after adjustment for total body weight ($p=0.061$) and for each weight reduction preceding the day of medication: day -3 ($p=0.055$), day -2 ($p=0.083$), and day -1 ($p=0.053$). The portion of group difference which was independent of sex difference yielded a p-value of 0.039 in both collectives. Thus, adjustment of the main outcome for baseline imbalances of weight and previous weight

reduction between the groups weakened the otherwise significant result to p-values greater than the critical level of 0.048. After removal of the two extremes and nine outliers, however, the difference in the main outcome became highly significant ($p=0.009$) and maintained significance even after covariate adjustment ($p=0.043$).

Interpretation

Although initially significant, the result of this study was weakened by baseline adjustment and thus ultimately missed significance to refute the null hypothesis which denies that one dose of *thyroidinum* 30cH affects the weight reduction of fasting patients differently than one dose of *placebo*.

To meet the exacting demands of a clinical trial that deals with a highly controversial subject like homeopathy, this study was rigorously designed, conducted, monitored, and audited according to the regulations for quality-assurance of clinical trials, the EG-GCP-guidelines 'Good Clinical Practice for Trials on Medicinal Products in the European Community', etc. Through personal dedication and high compliance data quality eventually proved to be excellent (virtually no missing or unplausible data). Comparability of both groups was assessed by means of some 200 parameters collected from each patient on voluminous case report |[368] forms: demographic data, physical examination, diagnoses, history, diagnostics, therapeutics, medication, 34 laboratory data, 15 complaints, liquid and caloric intake, stool, bowel movement, laxatives, etc. Apart from three patients who withdrew their previously given consent before receiving study medication, there were no drop-outs. Estimation of sample size together with a stochastic curtailment ensured sufficient power when the trial was ended after 208 enrolled patients.

The clinical model was chosen according to observations made by doctors at the 'Krankenhaus für Naturheilweisen' for several decades and based on pathophysiological as well as homeopathic reflections. Since the (energy sparing and weight reduction restricting) low-T3-state of fasting patients can be overcome by T3 intake, administration of a homeopathic preparation of thyroid gland was as well expected to affect this system. According to homeopathic *materia medica*, *thyroidinum* is reported to provoke many symptoms similar to "fasting crises" experienced by patients encountering a stagnation or increase of weight, e.g. headache, nausea, irritability, weakness of memory, palpitation, flushes of heat, etc. and thus qualifies to be – according to the principles of similars – homeopathically indicated in this specific condition. If the alleged effect of *thyroidinum* on thyroid metabolism and the course of weight reduction in fasting patients should be demonstrable even in ultramolecular dilution by means of objective measures, this would be a major challenge to the common rejection of the concept of "potentization" on the part of mainstream medicine. According to clinical experience and homeopathic/physiological reflections, we expected an augmented weight reduction on day 1 in the treatment group which could possibly be followed by a secondary impairment of weight reduction on day 2.

For lack of previous research and literature on this topic the main outcome measure was predefined in terms of absolute weight reduction. The null hypothesis read: there is no difference in the reduction of weight between the *thyroidinum* and *placebo* group after administration of the study medication. Contrary to initial expectation, the semi-deblinded interim analysis after 53 patients (without knowing what medication the groups had received) showed less difference in weight reduction on day 1 than on day 2

and therefore prompted a revision of the protocol with a change of the main outcome measure (weight reduction on day 2 rather than on day 1). In fact, in the final analysis the difference in weight reduction two days after medication was significant ($p=0.034$), but covariate adjustment for baseline imbalances weakened the p-value to levels between 0.053 and 0.083. No significance would have been achieved had the original main outcome measure (weight reduction on day 1) been kept unchanged ($p=0.71$), or had the analysis of the amended outcome parameter (weight reduction on day 2) been confined only to those patients recruited after the interim analysis was performed ($p=0.33$). In view of these facts, the null hypothesis can hardly be rejected.

Post-hoc inspection of the chart of the daily weight reduction in each group, however, suggests an alternative interpretation of the data. Since [369] in the *thyroidinum* group the average body weight and the weight reduction on five of the seven days was consistently lower than in the *placebo* group, the really odd results seem to appear on day 1 and 3 when this difference was not only extinguished but inverted. Had the main outcome measure – instead of emphasizing the absolute amount of weight reduction – been predefined as change on day 1 from the mean baseline difference in weight reduction (from day -3 to day 0), the result would have been an augmented reduction of weight in the *thyroidinum* group on that day (difference 92 g, 95 % CI -7 to 191 g, $p=0.070$). Using body mass index instead of body weight and percentual instead of absolute reduction this finding would even have yielded significance (difference 0.12 % of BMI, 95 % CI 0.01 to 0.23 %, $p=0.034$) and proved to be robust to covariate adjustment. This result would be consistent with our initial expectation of an increase of weight loss, i.e. hyperthyroid effect, on

day 1 after treatment. Although data driven *post-hoc* testing has no confirmative value, these speculations may serve as suggestions for further studies of this kind.

Neither the claim of an increase on day 1 nor of a decrease on day 2 of the daily weight reduction, however, would be corroborated by the objective and subjective secondary outcomes which failed to show corresponding differences between the groups, in the course of laboratory findings as well as in the course of daily complaints. This discrepancy casts additional doubt on the validity of the isolated result. Certainly, a difference of 92 g in weight reduction two days after medication is not clinically relevant all the more when its direction (impaired weight reduction, i.e. weight gain) is the opposite of what fasting patients usually desire. However, a difference of 0.12% in body mass reduction one day after medication (increased weight reduction) would not seem to be completely irrelevant because it would 1. help patients to overcome their “fasting crisis” more quickly and 2. demonstrate significantly the remedy’s efficacy confirming clinical experience hitherto collected.

Despite the puzzling results of this study, in an under-researched field like homeopathy it may still be a valid contribution to detect and present a promising clinical model for proving its most intriguing claim of the efficacy of ultramolecular dilutions. The outcome measures of this study were certainly neither appropriate nor sophisticated enough, but replications – e.g. on the basis of changes in percentual reduction of body mass index – may be of interest.

Conclusion

Despite meeting high quality standards and assuring randomization and blind assignment, a random imbalance of a few prognostically important baseline parameters attenuated the otherwise significant result of the study (impaired weight reduction two days after treatment). Due to the lack of previous research and literature, the main outcome measure was predefined in such a way that no convincing evidence was detected for an alleged effect of an ultramolecular dilution of *thyroidinum* on the weight | [370] reduction of fasting patients after a stagnation/increase of weight. *Post-hoc* analysis, however, suggests that by using the same clinical model with more appropriate and sophisticated outcome measures efficacy may indeed possibly be demonstrated in replication studies (increased weight reduction one day after treatment). In conclusion, this study failed to disprove the null hypothesis relating to this outcome measure and a specified preparation of this homeopathic remedy for a special clinical indication, but must not be misunderstood as a refutation of the principles of homeopathy at large.

Hahnemann revisited

A new German edition of the 'Organon of medicine'

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Abstract

[[1] The sixth edition of SAMUEL HAHNEMANN'S 'Organon of medicine' is usually considered as reference-book of the highest authority within the homeopathic community. Nevertheless, its status and relevance can be questioned with constructivistic and historic objections. In fact, consenting e.g. to follow the instructions given by HAHNEMANN regarding homeopathic treatment does not necessarily oblige the homeopath to accept the philosophical ideas of HAHNEMANN'S time as well. Generally speaking, in the 'Organon' three levels of content may be distinguished:

1. practical directions and maxims,
2. theoretical explanations and hypotheses, and
3. conceptual foundations and premises.

Ideally, these levels should be considered (accepted or criticized) and also taught separately and gradually. Until recently, however, all existing editions of the 'Organon of medicine' contained the usual mixture of objective observations, practical recommendations, subjective polemics, sophistic rhetoric, ethical admonitions, and philosophical speculations, – inviting mainly two extreme attitudes towards its reception: (mostly) neglecting it as a whole or (rarely) accepting it as a whole. A longlasting lack

of interest in the 'Organon' on the part of the majority of homeopaths is also mirrored in the retarded history of its publication.

The new German edition of the 'Organon', published by the author in 2003, contains

i) a complete version of HAHNEMANN'S original manuscript, however, converted into modern German language and furnished with summarizing headlines and boxes,

ii) another complete version of its contents, however, in a new arrangement of topics, consistently applying the scheme of three graduated levels (as indicated above) which on their part are structured according to the logical necessity of its contents, and

iii) a glossary of some 400 problematic terms which are followed throughout the entire text, displaying their usage by HAHNEMANN in different contexts.

Although in Germany it took relatively long to bring about an authentic as well as practically useful edition of the 'Organon of medicine', the new edition now seems to meet the demands from almost any perspective. Eventually, it may even serve as paradigm of a new type of 'Organon' editions in other countries as well.

Keywords

Samuel Hahnemann, Organon of medicine, sixth edition, new German edition, history of homeopathy

Introduction: The homeopathic consensus

[[2] In spite of numerous and considerable differences between traditional and modern schools of homeopathy there always was, is, and will be one big and unifying consensus among all competing parties: that it was SAMUEL

HAHNEMANN who founded this specific system of therapeutics based on the principle of similars, that it was him who through his deviation from and criticism of the old allopathic approach inaugurated the new homeopathic school (and – as a corollary – a persistent schism within medicine), and that it is him who is considered by any homeopath in the world as the undisputed ancestor and ultimate authority of homeopathy at large. Since he had revealed and elaborated his literary legacy constituting homeopathic therapeutics in a most comprehensive and accurate way in his famous work ‘Organon of medicine’, this book was at all times designated as the Bible of homeopathy. Hence, contrary to conventional scientific medicine where the reliability and validity of new theories and hypotheses have to be tested (ideally) by independent researchers in clinical studies or the like, in homeopathy a quotation from the ‘Organon’ is still commonly accepted as one of the most powerful arguments. Consequently, even today almost every textbook on homeopathy – at least in chapters of justification and explanation of the homeopathic approach in general – refers to the ‘Organon’. Historically speaking, it had and usually still has the function of a kind of Holy Scripture of homeopathy, a kind of schibboleth (i.e. distinguishing criterion) between true and pseudo-homeopaths, or at least a kind of constituting social contract of the homeopathic community.

The problem of the status and relevance of the ‘Organon’

This view of HAHNEMANN’S legacy as a divine revelation of eternal truths, analogous to religious reverence to sacred words of prophets, etc., can be challenged by the objection that HAHNEMANN – as any physician at any place at any time – definitely was a child of his time, i.e. that in his reasoning

he was influenced and limited by the state of the art of contemporary science, philosophy, mentality, etc. Even if he transgressed and shifted paradigms: in order to communicate his alternative ideas he had to resort to the language and patterns of thinking his readers and listeners were conversant with. In fact, in order to make his points as clear and plausible as possible, in his 'Organon' HAHNEMANN not only provided precise methodological directions for concrete therapeutic practice, but also to a considerable extent theoretical explanations and philosophical speculations. The theories and concepts he used for this purpose, however, were obviously entailed by his time. As such they were within the grasp of his pupils and patients, but today may be difficult or impossible to understand, and may therefore be questioned, supplemented, or even replaced by reflections in modern terms within current context.

Driven to its extreme, this argumentation towards deconstructing, relativizing, and ultimately dissolving HAHNEMANN'S system of rational therapeutics, however, may deprive the modern homeopath of his/her own roots and identity and expose him/her defenselessly to any kind of human rat-catchers (gurus). It may leave him/her in uneasy darkness – the same darkness HAHNEMANN had encountered before and struggled to defeat and illuminate through his conceptual work and therapeutic endeavour.

Clearly, to claim oneself being a true Hahnemannian or a classical homeopath would hardly make much sense without being familiar with the 'Organon' and professing according to its practical rules and principles. But is it necessary to share HAHNEMANN'S metaphysical opinions as well? Pragmatically speaking, to secure a certain standard of practice within a group of therapists it should be sufficient to operationalize all basic steps of the procedure

and oblige all participants to comply to a specific set of guidelines. Judged from practice, it should make no difference what [[3] religious or philosophical background the single physician may have or according to what belief or “insight” he/she may be motivated to practice homeopathy: as long as he/she is following the same practical directions determined in an unambiguous way, the collective results of treatment should be comparable to each other and he/she should be considered a full member of the respective community – disregarding national, cultural, spiritual, or personal idiosyncrasies. Inclusion and exclusion criteria for being a real homeopath can therefore only be derived from compliance with a well defined set of practical rules. In any case, there is no point to demanding from modern people from different countries and continents to subscribe without need to medical historical concepts which were popular in Germany 200 years ago.

Nevertheless, to understand the genesis and development of homeopathy or to achieve a position from which one may be entitled to modify even some of HAHNEMANN’S practical directions, however, it is crucial to occupy oneself with HAHNEMANN’S time, problem, approach, etc. as well, i.e. studying his philosophy, too.

A graduated approach to the ‘Organon of medicine’

According to different students’ or researchers’ purposes, ranging from concrete practical to abstract theoretical interests, in the ‘Organon of medicine’ three main levels of contents may be distinguished:

1. practical directions and maxims,
2. theoretical explanations and hypotheses, and
3. conceptual foundations and premises.

Naturally, the main body of homeopathic therapists may be interested almost exclusively in the first item and may be satisfied by having acquired a basic knowledge of it, while e.g. philosophers or historians of medicine may particularly rush at the second point or be concerned especially with the third one. However, since it is mandatory for virtually every homeopath to know about the professional instructions given by HAHNEMANN while it is rather optional for explorers and developers of homeopathy or the like to embrace also his reflections on the causes and implications of his practical tenets, from a didactic point of view, it seems recommendable to offer to students of homeopathy a graduated introduction and step-like access to the contents of the 'Organon'.

Being primarily a book on practical therapeutics, the first and therapeutically most relevant step of becoming acquainted with HAHNEMANN'S teaching should, of course, be a structured compilation of his directions on how to proceed in concrete practice: from taking the patient's history, proving drugs on healthy volunteers, to prescribing the most similar remedy, considering different classes of diseases, following up chronic cases, etc. As long as – led by these instructions – everything works well in practice, apparently there is no need to go further. In case of curiosity or failure, however, the student may continue his/her study on a second level, the one of theories and reasons, in order to enable oneself to possibly discover an alleged weak point in theory which would eventually encourage some kind of modification in practice and thus open up new therapeutic possibilities. Finally, for those whose minds and hearts are not satisfied neither with technical instructions nor with rational explanations, on a third level of the doctrine HAHNEMANN'S metaphysical assumptions and conceptions should be explicated, like his

idea of life force and dynamic influence, his notion of health, disease, healing, and action of remedies, but also his views on science, medicine, religion, ethics, etc.

Difficulties in the reception of the ‘Organon’

[[4] Until recently, however, the ‘Organon of medicine’ for most people had been, to be honest, a kind of book with seven seals. Due to its almost inextricable mixture in the presentation of objective observations, practical recommendations, subjective polemics, sophistic rhetoric, ethical admonitions, and philosophical speculations, only two extreme attitudes towards its reception seemed to be possible: The majority of homeopaths refrained from taking it too serious, i.e. did not read it at all, resorting instead to secondary literature and thoughtless repetition of presumably correct lip-services, while a minority of zealots took every word of it faithfully and uncritically for immediate truth.

A longlasting lack of interest in the original writings of HAHNEMANN indeed was and is one of the main reasons why even today most members of the homeopathic community are unaware that only 80 years after HAHNEMANN had finished his manuscript of the sixth edition of the ‘Organon’ (1842) the first English translation was published by WILLIAM BOERICKE (1922), being followed by a new translation by JOST KÜNZLI and others (1983) and a new translation by STEVEN DECKER, edited by WENDA O’REILLY (1996).

Ironically, in Germany, the homeland of homeopathy, it took even longer to achieve an authentic publication of HAHNEMANN’S text. While RICHARD HAEHL’S first publication of the sixth edition of the ‘Organon’ (1921) was still based on a handwritten transcript of HAHNEMANN’S manuscript

which had been provided under HAHNEMANN'S widow MÉLANIE in 1865, it was only 150 years after HAHNEMANN'S completion of his manuscript that the first text-critical edition of the real original was published (1992), being followed by the meanwhile prevailing German standard edition (1996).

Translations into other languages are up to now all based either on BOERICKE'S English translation or on HAEHL'S German edition of the handwritten transcript of HAHNEMANN'S original. In addition to these two, Spanish translations e.g. also used the French edition of the 'Organon' which was itself a translation of the English translation and/or the German edition.

Are Germans now to be envied for being so lucky to possess the most authentic text in terms of reliability and identity with the primary source? Not really! Unlike e.g. the English, Spanish and other translations of the 'Organon' which were all written in 20th century's language, in fact, the direct presentation of the German original text of 1842 today seems to cause more problems than advantages. Form and style of academic publications as well as educational background and social class of the scientific public have changed significantly in the last 160 years. Accordingly, modern consumers of fast facts are expecting from a medical text what they are used to getting in up-to-date books or journals, i.e. concise and clear-cut statements with a maximum size of a few lines each, rather than enjoying HAHNEMANN'S demanding grammatical constructions playing with several layers of sentences with a length of up to nearly one page. Indeed, because of their difficulty in reading and understanding old-fashioned German medical texts, more and more Germans with time preferred to study the 'Organon' in English! In other words, in order to preserve the relevance of HAHNEMANN'S unique

work to the German speaking world, it was high time for a comprehensive revision of its appearance in terms of a courageous updating of its linguistic shape.

The new German edition of the ‘Organon of medicine’

The new German edition of HAHNEMANN’S ‘Organon of medicine’ which I published last year (2003) tries to meet all the (conflicting) demands outlined here and above. To accomplish this (seemingly impossible) task, however, the publication had to be organized into three parts: i) the basic text of [5] the ‘Organon’, ii) a new systematic arrangement of the contents of the Organon, iii) a glossary of its problematic terms.

i) The first part contains the complete original text of HAHNEMANN’S manuscript, without omitting any sentence, annotation, or crucial word, – however, converted into modern German language, i.e. substituting historic terms with current expressions, breaking down long and complicated sentences into a couple of short and easy ones, reducing expletives and rhetorical or polemical phrases to a minimum, and adjusting orthography and punctuation to the standard of today.

This basic text comprises HAHNEMANN’S preface, table of contents, introduction, and the 291 sections (§§, called “paragraphs”), all in their original order. To facilitate orientation, however, about 60 headlines and boxes with summaries were introduced at the beginning of each new chapter.

ii) The second part of the new edition is the answer to the didactical challenge indicated above to offer a graduated and easy to survey approach to the different levels of the ‘Organon’. Actually, this part is another complete version of

the factual contents of the 'Organon', without suppressing any significant thought or argument, yet in modern language, etc. (see above), – however, in the form of a completely new arrangement of the topics, which finally rendered possible a considerable reduction of redundancy. According to the scheme given above, HAHNEMANN'S statements were consequently allotted to three categories: 1. practical directions and maxims; 2. theoretical explanations and hypotheses; 3. conceptual foundations and premises. Each category was in its turn structured according to the logical necessity of its contents.

The first two levels, i.e. the practical directions and theoretical explanations, were arranged in a quite parallel manner: starting from the physician's tasks which consist in prevention, dietetics and surgery on the one hand and treatment of internal diseases on the other, the latter may be distinguished into non-medicinal and medicinal treatment, and the latter again may be distinguished into treatment according to the principle of contraries and treatment according to the principle of similars. To all of these topics HAHNEMANN gave practical directions as well as theoretical explanations in the 'Organon', however, in scattered places, i.e. not very easy to survey in the original. The particular items of actual homeopathic practice were then structured approximately in the traditional way.

As a third level of contents of the 'Organon', firstly HAHNEMANN'S specific concepts of homeopathy were listed, like his idea of a life force, dynamic influence, organism, health, disease, healing, and action of remedies, and finally his more general views on contemporary concepts, medicine, science, religion, philosophy and ethics, mirroring his historical and philosophical background. Also characteristic examples of rhetoric and polemics devoid of therapeutic value were collected and listed here.

The systematic survey now makes it possible to find out at first sight, e.g. what were HAHNEMANN'S directions regarding potentization of remedies, what was his explanation for the working of the principle of similars, what were the properties he attributed to the life force, etc. In short: every thought of HAHNEMANN expressed in the 'Organon' has been assigned its definite place in the arrangement. Since the listings of the single topics provided here are complete, i.e. comprise everything what HAHNEMANN wrote about that point in the 'Organon', they allow also for negative inferences (which otherwise would be impossible without reading the whole book completely): if e.g. under a certain topic only a few thoughts are listed, this means that the entire 'Organon' really does not contain more respective statements. As a means to check the quotations or shift one's interest into the original, after every argument the appropriate section (§) is indicated.

[[6] iii) The third part of the new edition, finally, is a glossary which first of all explains the meaning of more than 400 problematical historical terms in modern language, but in addition also follows up these terms throughout the 'Organon', i.e. displays HAHNEMANN'S usage of them in all the different contexts. On grounds of the completeness of these listings, again also negative inferences are possible.

Conclusion and outlook

In conclusion it may be stated that due to a series of particular difficulties in Germany it took a somewhat longer way to bring about an authentic as well as practically useful edition of HAHNEMANN'S 'Organon of medicine'. Bigger challenges, however, in the long run frequently also provoke bigger responses. Finally, the new German edition of the 'Organon' seems to meet virtually all demands from

any possible perspective (warranting e.g. authenticity of contents as well as modernity of form, scientific accuracy as well as user-friendliness, etc.). Eventually, it may even serve as a paradigm or incentive for other countries to revise their 'Organon' editions in a similar way.

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Hahnemann's forgotten dimension

The relation between medicine, philosophy, and ethics

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Resumen

La dimensión olvidada de Hahnemann - la relación entre medicina, filosofía y ética

[[1] En los últimos 200 años las condiciones sociales, científicas y religiosas en que la homeopatía ha sido enseñada y practicada han cambiado enormemente. Por lo tanto muchas tentativas han sido hechas para introducir y sostener formas modernas y actuales de homeopatía. Para no llegar a ser engañado por el pluralismo predominante de las diferentes escuelas y tendencias contemporáneas, como standard de referencia para estimar conceptos nuevos, la actitud e idea original de HAHNEMANN frente a la medicina, filosofía y ética van a ser presentadas.

Abstract

During the last 200 years, the social, scientific, and religious framework in which homeopathy has been taught and practiced has tremendously changed. Accordingly, numerous efforts have been made to establish and advocate modern opportune forms of homeopathy. In order not to be misled by the prevailing pluralism of contemporary schools and trends, as a standard of reference for assessing new

concepts, [[2] HAHNEMANN'S original idea and attitude towards medicine, philosophy, and ethics will be presented.

Introduction

Two hundred years ago (1807) Samuel HAHNEMANN coined the term “homeopathic” for his new method of rational therapeutics which he had recently suggested to his medical colleagues. By that, homeopathy became an entity on its own, distinguished from any other concept of medicine and defined by characteristic basic principles. In the sequel, the “new school” of medicine set out to make its impressive way through history up to the present day, benefitting and converting an ever increasing portion of doctors and patients of all continents and lots of countries all over the world.

This spread around the globe, however, took place under most different regional and cultural conditions. Prompted by varied modes of reception, from the beginning an intricacy in principal was set up which never in the history of homeopathy could be resolved completely. Since the first big quarrel between HAHNEMANN and some of his adherents (MORITZ MÜLLER, TRAUGOTT KRETZSCHMAR and others) about the limits of the principle of similars in the 1830s, no clear and lasting consensus could be brought about by the homeopathic community as to what is really good or true (or the best kind of) homeopathy. Despite a general agreement on HAHNEMANN'S ‘Organon of medicine’ as the supreme reference book of homeopathy, diversity of its interpretation by modern homeopaths is tremendously high. Although some basic quotations can be found with almost any author and teacher, since the days of HAHNEMANN the face of homeopathy had changed from generation to generation. Given the faster and faster succession of new approaches in the last decades, the

latest state of the discussion about what should be considered homeopathy today cannot be checked any more in traditional textbooks but just in recently published articles or in the Internet, e.g. on the website “www.grundlagen-praxis.de”, under “debate on homeopathy”.

From a historical perspective, any change of paradigm within homeopathy occurred and occurs in close interaction with concurrent changes of social, scientific, and religious conditions. In a postmodern pluralistic civilization of the 21st century, e.g. it seems [[3] perfectly plausible to utilize concepts of quantum physics or chaos theory as models for an explanation of homeopathy, to apply computer repertorization and video supervision as tools for practice and education, and to resort to notions of psychoanalysis or secondary esoterics as means for understanding mysterious courses of disease. Thus, what any generation discovers and identifies as the essence of homeopathy tells more about the mentality and values of the respective era than about what HAHNEMANN had in mind when he projected homeopathy as a rational and charitable therapeutics. When in a time of propagated individualism anybody considers homeopathy to be just what he or she makes out of it and likes most of all, it may be worthwhile to draw again attention to what HAHNEMANN really wanted – in order not to lose contact with historical reality completely.

Hahnemann's world

The places where HAHNEMANN worked can all be determined geographically. From the time, however, in which he lived, we are separated not only by two centuries on a linear time axis which commonly is imagined as a line

of economic, social, scientific, and technological progress, but rather by “worlds”. In order to put oneself into HAHNEMANN’S position one is forced both to subtract from our present knowledge all the milestones and achievements of modern medicine and – what is more difficult – to go back before the establishment of our present-day system of so-called Western values.

Contrary to the materialism, atheism, and hedonism of modern Western fun and consumer societies, the leading ideas constituting HAHNEMANN’S world were oriented by a high spiritual and moral vocation of man. For HAHNEMANN the human was the noblest being and created to perfect his or her emotional, practical, and mental capabilities, and by doing so find bliss and give God the honor. By the end of the eighteenth century, phrases like this did not strikingly differ from the bulk of other cultivated contemporaries. Nevertheless, from HAHNEMANN’S biography it can be deducted that his emphasis on aspiration for higher things was not just an opportunistic lip service but rather a constant factor, determining his life and work, which he adhered with great earnest and consequence.

[[4] This strong interest in a spiritual and moral life obviously took the first place in HAHNEMANN’S mind and soul. Hence, it must have been one of the most vital impulses for the founding and development of homeopathy. This innocent seeming statement at once loses its anecdotal look and gains explosive relevance if one considers under what circumstances today people try to establish and justify homeopathy. In those days, for an educated man it was still possible to outline a therapeutics (or even the new kind of science which was at the point of constituting itself) in a way that it was compatible with a good, moral, and fulfilled life. With such a claim, at the time of enlightenment, German idealism, and romanticism, one

was in best philosophical company. The typical question of philosophers of nature, such as SCHELLING, was: How must nature, spirit, matter, the organic and inorganic, etc. be thought (constructed) in order to – on the one hand unravel the relation of these notions and on the other hand enable man to conceive oneself as a moral and spiritual being. The starting point was clearly and definitely the interest of mind and soul in an intelligible and moral world. The goal or the searched for was a theory of science or – in HAHNEMANN'S case – the founding of a rational therapeutics whose framework was defined by the mentioned irrevocable interests.

Today the proportion seems to be just the other way round. Irrevocably steadfast seem to be

- the definition of science which is dominating the medical faculties,
- the entanglement of medicine with the pharmaceutical industry,
- the sturdy structures of the medical profession and health insurances,
- the directions by the state towards lowering costs of health care etc.

This is the framework today. The searched for is a possibility to live – within that framework – a fairly moral and fulfilled life and to find a niche in the system where homeopathy is granted a right to exist to some extent. The question today seems to be: What do I have to do, how do I have to practice, what do I have to demonstrate – in order to be recognized or at least tolerated by the existing institutions? According to these socio-political circumstances, homeopaths e.g. strive to prove the efficacy of homeopathic remedies against *placebo* in compliance with pharmacological standards, [[5] to outline

scientifically plausible hypotheses for the efficacy of ultramolecular dilutions, to document cost reduction under homeopathic treatment, to define the bounds of homeopathy to guard against forensic charges etc.

It seems that the struggle for adaptation to the establishment and the meeting with socio-political demands today has taken the same (high) status in the inner hierarchisation of values which formally was held by the urge of many educated men to create a well-ordered spiritual world. Today, any yearning for a cosy and easy to survey cosmos – if still existing with a few people – is of course expected to give way in case of conflict.

Some examples from the development of HAHNEMANN'S homeopathy may illustrate this topic.

Hahnemann's doctrine

Today it seems to be clear that incurable diseases exist. Who ever is told to have got one has had bad luck and no chance any more. Hope for healing is useless, stupid and naive. Within present day's horizon this view seems to be obvious, evidence-based, and verified in practice.

HAHNEMANN, however, at his time was still capable to argue theologically – that incurable diseases cannot exist! To maintain such an infidel statement, he said, would be blasphemy! With the same certainty that there is a wise and kind God there must also be a remedy for each disease! It lies only with the doctors to find it in each single case. So strong was HAHNEMANN'S interest in a world in which he could realize himself as a moral and intelligent physician that he – as he put it – “rather would forswear all medical systems than allow this blasphemy to happen”. The radicalism with which HAHNEMANN clarified the feasibility in principle of a therapeutics before he engaged in further

details points out the steep inner hierarchisation of his aspiring towards self-perfection within a sensible and moral task.

Even HAHNEMANN'S semiotic approach to drug provings and case taking is based on the same argumentation. A modern scientifically educated physician may entirely admit that after application of a substance in a drug proving on a healthy person certain symptoms [[6] occur and that a given patient has similar symptoms. However, he will be overcharged when asked to understand that this is the reason why the substance is the healing remedy for the patient. Even homeopaths use to get in distress of argumentation at this point. They try to find scientific causal mechanisms as explanations or hypotheses or refer to empiricism or clinical studies which, however, usually do not satisfy the critics. Ultimately, also homeopaths are discontented with such an inconvenience of proof. On the one hand they are applying something practically what on the other hand they are unable to explain theoretically, neither to themselves nor to others.

HAHNEMANN, however, had other inner preferences. Higher than his drive to look for explanations of his daily experiences was his impetus to found a therapeutics in which it was possible to heal with (mathematical) certainty. After all, for him, this was the precondition of medical practice as a moral and spiritual being. Had he not clarified this issue before, he would rather had kept to forensic medicine, chemistry, or writing. At this critical point, again, HAHNEMANN argued theologically: Since from God's love and reason and consequence follows that a reliable therapeutics must exist, and since often neither causes of diseases nor active agents of drugs are discernible, this knowledge obviously is not necessary to cure diseases. From the mentioned premises rather ensues that it must be

possible to cure patients exclusively by means of the perceptible, i.e. by the symptoms of patients and healthy provers. Hence, diseases have to reveal themselves to “those who can see” in the symptoms of the disease, while drug forces of proven substances have to do so in the symptoms of the proving. Accepting this logic, the principle of similars indeed appears to be the only possible rational and reliable principle of healing. For HAHNEMANN, his main problem was resolved by that, any further details were minor problems. Contrary to present-day’s situation, he e.g. had no problem with the fact that the term “revelation” is incompatible with the terminology of modern scientifically oriented medicine.

Bringing to mind these examples, however, neither means that HAHNEMANN’S homeopathy was nothing but a despairing construction by a quaint aesthete nor that today’s scientific medicine is grasping anything like true reality. Both approaches, the [[7] homeopathic and the scientific, are projects of honorable physicians, both are motivated mainly by noble and charitable but partly also by self-interested intentions. Both are possible, as history shows, and both are equally real so far. None is absolutely wrong, none is absolutely right. Neither the one nor the other is favored and practiced by good or bad people only. The difference rather lies in a small distinction which indeed has gigantic consequences. It is a distinction in the hierarchisation of the motives which lead to the constitution of a specific healing system.

Philosophical perspectives

At this point, at the latest, it becomes clear that comprehending homeopathy does not only imply medical and historical but also philosophical perspectives. Just on a philosophical level of reflection one can explore e.g. which

model of life (or model of therapeutics) makes what sense and costs what price or which attitudes and aims are suitable to a good life etc. Basically, neither the nature of man nor the sense of life are neutral, independent quantities which could ever be found without one's own co-operation anywhere outside of the observer. Although or since we can never face ourselves objectively but rather are always standing amidst in our own concrete life, we have the freedom to change, by small self-enacted switch-shiftings, our whole life. Depending on how we put which ideas or ideologies in our hierarchical order – in that way we constitute ourselves, and this is then what we are.

In the realm of philosophy, however, opinions traditionally are divided. Yet, despite the dependence on time and site of spiritual movements, it seems that in all epochs roughly two main groups of humans can be identified: the more materialistic and the more idealistic ones. Accordingly, PLATO spoke of the “*gigantomachía peri tes ousías*” (the huge fight about being) among those who wish to explain everything bottom-up or top-down respectively. And FICHTE stated tersely: “What philosophy one chooses depends on what kind of human one is” – referring to the basic distinction between dogmatism and idealism.

[[8] Hence, regarding the founder of a therapeutics, it appears to be as important to bear in mind his internal dimension as the external conditions under which he lived and struggled. Since a philosopher can be understood only when one understands his basic question, the key to a deep understanding of HAHNEMANN'S homeopathy could be his top problem which can be reconstructed approximately like this: How is a therapeutics possible which on the one hand permits real cures and on the other hand enables the doctor to conceive himself as a moral and spiritual being?

Modern science-oriented medicine, however, comes from an almost opposite tradition. Since the 17th century, the predominating question of science and industry was: How can nature be commanded most certainly? Contrary to former eras, since the time of FRANCIS BACON, scientists and engineers tried to wrest nature its secrets with screws and clamps. The results gained by that, however, told more about the questioner than the questioned.

HAHNEMANN stood at a point of intersection of conflicting trends. On the one hand, he advocated – especially in his early days – a positivism of science which made him hope to elevate therapeutics from its status as a “conjectural art” into the rank of a reliable science. On the other hand, in his clear creed in religion – even if an enlightened natural religion – still lingers the traditional humbleness with regard to the (confined) possibility of human knowledge. In scholasticism it read: “*Credo, ut intelligam*” (I believe in order to detect, ANSELM OF CANTERBURY, 1033–1109). As it was pointed out, without his faith in a wise and charitable creator, neither HAHNEMANN’S foundation of homeopathy nor its further development would have been accomplished. Frankly he admitted e.g. that he did not understand the surprisingly long effects of high potencies (30c). Although, wherever possible, he “dared to know” (*aude sapere*), the avowal of his ignorance was not the worst case for him. Much worse would have been the impossibility in principle of a therapeutics in which he could practice successfully and at the same time experience and conceive himself as a moral and spiritual being.

Hahnemann’s view of man

[[9] As we see, homeopathy involves philosophical dimensions such as perennial questions about the meaning

and end of our life or possible life projects. Hence, detached from the spiritual and mental background of its founder, only parts of his homeopathy can be grasped. Just the most important connecting links or the reconsiling spiritual ties would be missing. A therapeutics e.g. which by artificial electromagnetic field modifies alleged electromagnetic fields of the patient, would not be homeopathy in the sense of HAHNEMANN, even if both fields would be similar!

HAHNEMANN'S homeopathy was founded before the definite reification of man as a material, biochemical, molecular-biological, cybernetical, quantum-mechanical, or other reductionistic thing. This is the big difficulty when today homeopathy's integration in the scientific apparatus is intended. On the other hand, this is a big chance also to call to mind what was lost in medicine during the last two centuries. In HAHNEMANN'S cosmos of ideas, the human still had an internal dimension which was not considered a mere epiphenomenon of neuronal currents in brain cells but an undeceived last instance to which people granted important privileges – e.g. when designing one's concept of life or a rational therapeutics. To HAHNEMANN rationality never meant anything like logical sterility but always the inclusion of the perspective of this inner source of human life. It would have struck him as being most irrational to consider man as entirely explicable by science.

The recognition of the inner dimension and vocation of man, which for HAHNEMANN was a matter of course, today indeed seems to be more difficult but not any less important. It is an act of freedom but not of arbitrariness. It should acknowledge just what is the case even without it or prior to it, i.e. it should remember a certain constitution of man, not establish it from the outset (like in constructivism). In this way, it could restore to man the

wealth of his dimensions and capacities which were contested more and more by the triumphant advance of science. This needs not even to be understood as an act of pure kindness. Considering the potential dangerousness of a medicine exclusively based on modern science, manifesting itself in iatrogenic allergies, addictions, illnesses [10] and deaths, a revision or widening of the strict scientific view of man today has also become an ecological task of the first order.

Homeopathy and science

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Introduction

[[27] 200 years ago, in 1807, SAMUEL HAHNEMANN coined the term “homeopathic” to denominate his newly discovered treatment method. The principle upon which it was founded, namely the treatment of states of illness with remedies that in so-called drug provings provoke similar symptoms in healthy people, had already been published by HAHNEMANN in 1796 (*Similia similibus*). However, as late as 1805, when he presented his new doctrine in a text-book like monograph, he still called it simply ‘Therapeutics by experience’. Hence, it was not until 1807 that he named the effect of certain healing remedies “homeopathic” and defined the term in this way: “Homeopathic is what tends to evoke a *hómoion páthos*, i.e. a similar ailment” (GKS, 461). By means of this newly created word homeopathy officially was bestowed its name in the year 1807, thus constituting itself for the first time as a kind of entity (substantiality) which in turn was the precondition for its subsequent path through history and around the world.

Despite homeopathy’s impressive career in regard to its external spatio-temporal spread and institutionalisation, the internal problems, as to its contents, cannot be overlooked on its 200th name day. As the debate on homeopathy set off by JULIAN WINSTON and others shows, this brand name has been made claim on by so many different groups and approaches that it has become difficult to find a common denominator for all these varying currents or to comprehend anything specific and meaningful under the word homeopathy. One of the crucial

issues within the current discussion – which can be referred to on the internet at www.grundlagen-praxis.de – is the old fundamental question which occupied homeopaths and their critics since the beginning: Is homeopathy a science and, if so, what kind of science?

At the moment the spectrum of answers stretches from the thesis that homeopathy belongs to the hermetic-esoteric tradition of alchemy or shamanism and would be well advised to admit this and cease trying to define itself as a natural-scientific medicine (WICHMANN), to the claim of homeopathy being the only form of medicine able to keep up with the modern ideal of science in the sense of *a priori* certain and mathematical knowledge (FRÄNTZKI). Between these two extreme points of view, other opinions can be found, such as: a future, evidence-based homeopathy could bring the breakthrough to being recognised as a science; or the standpoint that as a practical-therapeutic science, homeopathy has to prove its worth in practice with individual cases only and refrain from controlled clinical trials or the like, etc. The reason why disputes of this kind – about the relationship between homeopathy and science – are so long-lived and difficult to solve normally is that the notions to which all comes down have a history of hundreds or thousands of years and comprise many traditions and meanings. It may therefore appear wise to take a step back and try to bring to mind what it actually means and what it should be: science and homeopathy.

Science

“Science” (Greek: *epistéme*) is, without doubt, a concept invented by the ancient greeks, in the sense of rationally founded knowledge. If in prehistoric times there were, roughly speaking, in all cultures two lines of propagation of knowledge, one being the technical transfer of practical

experiences and craftsmanship, the other being the intellectual transmission of religious ideas and rules, in greek antiquity philosophy emerged as a synthesis of the two traditions of handcraft and priesthood. First and foremost PLATO and ARISTOTLE tried to bring all practical and theoretical questions and problems into a system of rational definitions, phrases and conclusions and thus explicate them in a reasonable manner. However, the cognition-leading interests in all antiquity and the middle ages – as opposed to the present – referred to the “what” and “what for” of all observed phenomena, i.e. to their ontological and teleological (goal-oriented) dimension. With ARISTOTLE, the all-embracing and most influential thinker and researcher of the occident, science consisted in bringing to mind and disclosing meaningful structures and processes within the scope of an eternal world order (although his definitions and examples certainly derived from handcraft and everyday experience), culminating in the so-called “*theoría*”, a gratifying entitative vision for the sake of itself, that was indeed considered to be the highest form of “*práxis*”.

Occidental thinking more or less persisted within this scope for 2,000 years, until, in the wake of major political, religious, social, and economical changes (renaissance, reformation, discovery of America), new interests of cognition broke their ground. From the 17th century – as opposed to antiquity – cognition was aimed almost exclusively at the question of the “how” and “whereby”, i.e. the functional and causal explanation of phenomena. The background to the all-embracing new foundation of science by FRANCIS BACON, GALILEO GALILEI and ISAAC NEWTON was the now aroused and henceforth dominating interest in the manipulation and command of natural processes and objects. This was formulated in the 17th century

paradigmatically by FRANCIS BACON in his expression “knowledge is power”, by RENÉ DESCARTES’ dictum “knowledge to make us lords and masters over nature” or by THOMAS HOBBS, who wrote in the ‘Leviathan’: “To know a thing means, to know, what we can [[28] do with it, when we have it”. As a result, also life processes were increasingly attempted to be explained in mathematical and physical-chemical terms or through principles of mechanics. This new form of reductionist science reached a preliminary peak in the 18th century (1748) with J.O. DE LA METTRIE’S book ‘L’homme machine’ (the machine man). If mathematics was the leading science of the 17th century (DESCARTES, LEIBNIZ, NEWTON), it was replaced by physics in the 18th century (NEWTON, HUYGENS), chemistry in the 19th century (DALTON, LIEBIG), and biology in the 20th century (WATSON/CRICK, EIGEN, ECCLES).

Until the beginning of modern times, science was interpreted as methodically congeneric approach to various objects. The classic canon of education of the *artes liberales* (free arts) comprised certain subjects such as grammar, dialectics, and rhetoric (*trivium*), arithmetic, geometry, astronomy, and harmonics (*quadrivium*) as well as the university faculties, theology, medicine, and jurisprudence. However, the far-reaching splitting up of science into humanities and natural sciences did not occur until the 18th and 19th century.

In his ‘Novum Organon’ (1620) FRANCIS BACON had – for the purpose of an assured check on nature – already propagated a restriction on cognitions attained inductively through experiment and experience. Yet, the word “natural science” itself can only be found since 1703. In 1786 KANT made a distinction between “historical” and “rational” (or “improper” and “proper”) “natural science”, whereby, for

him, the historical one was only a “historic doctrine of nature”, “containing nothing but systematically ordered facts of natural things”, whereas in the rational one “the laws of nature which form its basis must be cognised *a priori*”.

Inside the medical world, the new form of research based upon natural-scientific methodology and animal experiments gained significance especially after the end of philosophy of nature. In particular CLAUDE BERNARD (1813–1878) tightened DESCARTES’ agenda of reducing all phenomena occurring in animals to the laws of mechanics, to the postulate of an exclusive interpretation of living organisms as physically-chemically determined formations. Tying up to KANT for whom “in every doctrine of nature one can only find as much real science as there is mathematics to be found in it”, DU BOIS-REYMOND in 1872 changed this thesis by replacing “mathematics” by “mechanics of atoms”: “Natural scientific cognition of the physical world with help and in the sense of theoretical science – is tracing back the changes in the physical world to movements of atoms [...] or the resolution of the natural processes in mechanics of atoms”.

Thus, natural-scientific thinking has only existed for a few centuries and, especially within medicine, on a grand scale only since about 150 years. However, as the much longer cultural history of medicine shows, scientists and doctors have been thinking rationally long before the “invention” of natural sciences, they were just doing it differently. Natural scientificity can therefore only be understood as a certain, relatively late and specialised form of rationality, and not the other way round. This has to be kept in mind when it becomes necessary to take a stand against heedlessly posed questions such as: “has homeopathy been natural-scientifically proven?” or “has homeopathy been

natural-scientifically disproven?" If it should turn out that homeopathy and natural science, both of which evolved at about the same time, in crucial points possess not just similarities but also differences in principle, then it cannot be expected that both horizons of affirmation and conceptual fields simply concur or translate 1:1 into each other. However, because the value or lack of value of principles of a medical system cannot be assessed by another, different coordinate system, the objection of untranslatability of questionable categories into the natural-scientific pattern of terms is not yet an argument against it. Already on the basis of this short historical recapitulation it might be possible to realise that natural-scientific unprovability is not the same as plain irrationality.

Natural science

First of all, however, it should be considered of what kind of rationality natural science is, and what it grasp of the world, of life, and of man, and in which way this is done.

According to the idealised self-conception of its representatives, the natural-scientific method consists of repeated cycles of observing, establishing hypotheses, making predictions and testing them in experiments, verification or falsification, etc. However, decisive and symptomatic for the modern natural-scientific way of perception of the world is the methodical restriction to the observation of what is measurable exactly, i.e. what can be quantified and reproduced. Thus to natural sciences, especially to physics, primarily there exist measured values only, while for their relations mathematic formulas and equations are looked for and developed. Therefore the world of physics neither consists of humans, animals, or plants, nor of houses, tables, or cups, not to mention ideas, values, or even illnesses that can be cured, but exclusively

of masses (inertia), forces, fields, waves, impulses, angular momentums, energies, coordinates of space and time, etc., and their mathematical relations.

Contrary to general belief, not even the term “matter” (material) can be deduced from physics alone. To the philosopher of science WOLFGANG STEGMÜLLER (1923–1991) it was the “staircase wit of the 20th century” that the term “matter” is science’s most puzzling item although everybody believes to know what it means. Contrary to the logic of our everyday language where each proposition on an attribute must refer to a corresponding thing, physics apparently does without “material substrate” or “carrier of changing attributes” respectively. For example, in physical field theory it does not matter whether one talks about field-producing masses, or considers particles merely as nodes or singularities in a field. Because of the relational character of physical equations, for classical electrodynamics as well as for quantum theory there are logically equivalent formulations which either focus on the concept of particle or on the concept of field. Thus physics does not describe the physical world around us at all, but instead a stylized artificial world.

All the more it is amazing that our modern consciousness – from our cosmological view of the universe and secular view of mankind to the educational and health system, and finally to modern medicine – nevertheless is predominantly affected by natural science and for this reason is supposed to be well-founded. Materialists pretend to only believe what can be proven by laws of physics and mathematics, students of medicine no longer need to pass a compulsory “*examen philosophicum*”, as it was the case during the 19th century, but an “*examen physicum*” instead, and molecular biologists, self-organization theorists, and chaos researchers keep showing us how life, culture, and religion,

also, our behaviour, our emotions, and our way of thinking can be explored and explained in a natural-scientific way. It seems that, first of all, modern natural scientists perceive themselves as being in charge of all areas of our existence, secondly, as being capable to grasp all things of our lifeworld, and thirdly, as being competent to render a final judgement on them. Also, occasionally, on the same non-reflected precondition of an inflated claim of validity on the part of hard science, natural-scientifically oriented doctors engage in homeopathy which – on the basis of measuring data of single parameters they obtain – they lump together with data collected from other therapies, without considering particular idiosyncracies or peculiarities.

[[29] Oddly enough, today hardly anybody notices that there is a serious difference between the essence of an object (or the object itself) and single measured data of this object. The German language covers this distinction by dint of the terms “das Physische” (the bodily) and “das Physikalische” (the physicalistic), while in English both notions are expressed by the same word “physical”. Apparently, this equalization which is even defended by some modern philosophers is based on the conviction that the physical (the bodily) around us (cars, animals, plants, etc.) is exactly what the science of physics examines and concisely defines. Therefore, science would be nothing but a continuation of our everyday thinking and the “bodily” would be the “physicalistic” which has not been brought to itself yet. The same way it is assumed that devices like microscopes or telescopes would only extend and refine our usual perception. Thus the scientist observes the same world as the man in the street, but only more accurately and more detailed.

However, these claims ignore the fact that looking through a scanning tunnelling microscope, one may indeed

be able to see molecules, but not tables, stones, clouds, or rivers. However, more serious even than this discontinuity in perception is the discontinuity of the mode of description. While we describe cars, animals, and plants in a natural language, we describe e.g. the result of dispersion experiments in a highly theoretical, formalized language of mathematics which has totally different characteristics than natural language. But between the natural and formal languages there is no continuum, instead, there is a distinct gap which accounts for the difference between “bodily” and “physicalistic” objects. When a physicist describes his objects by way of differential equations these are mathematical functions which map extensionally defined sets onto each other, i.e. these are mathematical relations. However, here, none of the relates is distinguished as something ontologically original, or as a substantial entity, as it is the case with natural language where a predicate always relates to a subject and stands for its attribute. Precisely in this ability of identifying something as something philosophers from ARISTOTLE to STRAWSON saw the world developing power of the natural language.

But if physics does not describe the lifeworld surrounding us but instead a factitiously constructed artificial world, and if in addition – due to the success of the natural sciences – the humanities are under enormous pressure to adopt the natural-scientific method in their field, too (see historicism, behaviorism, experimental psychology, sociology, cognitive sciences, etc.), one may ask what has become of our familiar and lively world, for which natural science obviously has no language. Since, from the 19th century, rationality has been put on a level with natural-scientific explainability, by this fatal short-circuit elementary dimensions of life, such as human acting,

feeling, and thinking, but *a fortiori* the arts, culture, faith, love, and ethics, or phenomena like sickness, health, and healing disappear in a grey area of irrationality and arbitrariness for which, in a strict sense, there should not exist any scientific categories. This loss of our world, however, is home-made, so to say, i.e. it is self-inflicted by the mental reduction of all phenomena of life to quantifiable measuring data. This can be demonstrated by a glance into the history of science – provided that one goes back to the time before the so-called scientific revolution of the 17th century, i.e. to the comparatively homogenous period of 2,000 years which was almost exclusively shaped by Aristotelism.

Aristotle

Quite rightly ARISTOTLE is considered the founder of the “science of the living”. Contrary to PLATO, his teacher, whose philosophy culminated in a rather static doctrine of ideas, ARISTOTLE’S issue was the explanation of movement (Greek: *kínesis*), in fact in its broadest sense, i.e. not only the movement from one place to another but also the becoming and passing off as well as the quantitative and qualitative changing (Greek: *alloíosis*, *metabolé*). As basic categories for scientific assessment of these phenomena ARISTOTLE used the terms potentiality (Greek: *dýnamis*, Latin: *potentia*) and actuality (Greek: *enérgeia*, Latin: *actus*). This way movement of any kind could generally be understood as the actualization (realization) of a potentiality. ARISTOTLE intentionally conceived his theory so broadly that – contrary to modern natural science which only knows and observes translocations from A to B – it could be applied to any kind of movement, to the growing of a plant as well as to the alteration of a feeling or the change of seasons.

ARISTOTLE'S rootedness in the world of living things and his technical-practical approach to nature is shown also in another basic term he uses in his physics, the term of "essence" (Greek: *ousía*, Latin: *essentia*). Each being which actually exists can be understood as composed of its matter (Greek: *hýle*, Latin: *materia*) and its form (Greek: *morphé*, Latin: *forma*). Matter and form, however, are merely reflective terms which cannot exist independently by themselves. Consequently – contrary to modern materialism – it is not (wrongly) claimed that something like matter could exist as such, but that everything we ever are able to observe, understand, and imagine, due to the hereby aligned form always is a something, a being, and therefore a matter which has been formed already. Following this, to become (Greek: *génesis*) represents the transition from the uncertainty (potentiality) of a primary matter into the certainty (actuality) of a form, and thus is finally something like a transition (*kínesis*) from nothingness to being. Of this, however, only the result can be clearly described which has the being as its form.

Contrary to this, in modern physics there only are transitions from definite states to other definite states. Here, ARISTOTLE'S problem of kinesis does not occur at all, a corollary which is inherently due to mathematical formulation. Mathematical functions always combine definite conditions with each other. This is the reason why ARISTOTLE excluded the application of mathematics to *kínesis* – nota bene, not because of his ignorance of mathematics, but rather because of his insight into its limitations. "In fact, none of the mathematical objects move", he wrote in his treatise on the movement of animals (MA 698a). Therefore, to grasp the concrete becoming, ARISTOTLE was forced to abandon mathematics – despite or

particularly because of the seeming “timelessness of mathematical objects”.

This notion of movement undefinable in a mathematical way could become relevant directly to homeopathy when one considers that ARISTOTLE, in an analogue way, regarded the transition of a human’s healthy state to a sick one (and the other way round) as a qualitative change (*alloíosis*), so that also this form of movement (*kínesis*) was accessible to scientific understanding by means of his categories. In contrast, when applying the categories of natural science one can but try to either describe complex processes like becoming ill or recovering on a level of translocations of molecules, or avoid such superior terms altogether. Consequently, it is most significant that the term “healing” no longer exists in modern medical dictionaries – since it eludes the natural-scientific form of rationality.

Another category of ARISTOTLE’S science, which has been eliminated by modern natural science, is of major importance to homeopathy: the goal-orientation (teleology) of all being. Based on the lifeworld’s way of experiencing oneself and the world in the Greek *pólis* and his primarily technical-practical attitude towards nature, ARISTOTLE conceded to each being the striving for a goal (Greek: *télos*), however, in different grades: from the blind aiming of a stone for the center of the earth [[30] to the unconscious striving of animals for self-preservation and reproduction of the breed, and finally to man’s conscious pursuit of happiness and wisdom.

In ARISTOTLE’S doctrine of the four causes, the cause of purpose (*causa finalis*) even plays the most important, leading role, since – as he explains by the example of a house which owes its existence exactly these four causes – without the builder-owner (*causa finalis*) the stones and beams (*causa materialis*) would not have been put together

by the craftsmen (*causa efficiens*) in accordance with the architect's plan (*causa formalis*).

In most cases, a certain goal can be reached by different means, and certain means may serve different goals. (To be full, one can eat sausages as well as cheese; a hammer can serve to put nails into a wall and also to break a window pane). Thus, contrary to the causal conjunction of cause and effect, there exists a contingent relationship of goal and means (which means that there may be other solutions, too). In today's terminology: a many-to-many-relation. Therefore, there cannot be unambiguousness in teleological thinking.

Teleology is a form of "hypothetical necessity" (Greek: *anágke ex hypothéseos*) which is fundamentally different to the "causal-mechanical" necessity. For example, for a saw to function as a saw it must be made of iron – but not necessarily because any other stiff material would do as well. However, an understanding of the purpose of a saw allows to consider iron a useful material and to say: if the saw is made of iron (and not of rubber or water or the like) it can or it will work – if nothing intervenes.

ARISTOTLE conveyed this term of "hypothetic necessity" to nature and separated it from the "mechanically" acting necessity to which modern physics confines itself. He considered nature to be both a relation of history as well as of meaning, whose beginning can be elucidated only by knowing the end. Only in the light of the purpose which comes to the fore at the end only (when it has been realized) it will be possible to judge whether or not its generating causes and principles made sense, and in such a way we can "comprehend" nature.

Since a teleological view on nature is not primarily anticipating (like modern natural science) but rather

reconstructive, the future, in a strict sense, may not be predictable (just like it cannot be determined exactly when sowing a tree what shape it will adopt), but on the other hand the term “essence” or “*ousía*” does allow a containment and specification of propositions about the further development of a subject or a process. Since the potentialities of any being are limited, also its actualisations take place within certain limits (Greek: *péras*), and these can be known once one has analyzed its essence. Just like it belongs to a dog’s nature to bark, but not to sing, the engineer knows what qualities are inherent in a certain material and for what it can be used due to these qualities. From this perspective even the “unrealized potentialities” of a substance fulfil clear identity criteria. However, it should be considered that one can be aware of a potentiality only if it has been realized before. (Only those may claim that they can play the piano who have actually played the piano before. Or related to homeopathy: That a certain remedy will evoke or heal a certain symptom can be claimed only if this drug has actually done this before, e.g. in a drug proving). In this respect, with ARISTOTLE actuality always precedes potentiality.

Out of ARISTOTLE’S numerous inspiring thoughts a last one shall be picked out which most likely will be interesting to homeopathy, too. In regard to matter (*hýle*), certainly the form (*morphé*) is emergent, thus, the latter cannot be deduced from the former. (E.g. one cannot determine the use of a computer by looking at the way it is wired, or the use of a bulb by looking at its components). On the other hand matter not only is a ground of potentiality for the form but also its impediment. The bulkiness of matter compared to the form, and the fact that it is incomputable and unpredictable – a well-known fact in handicraft – is another issue which is no longer considered adequately and

grasped conceptually by today's natural science. Instead one tries to get rid of the problem by eliminating as junk all materials which show the smallest aberration from a predetermined standard and substituting them with replacement parts which must be as perfect as possible.

Since the view by natural science is so much fixated on the computability of the material, technical catastrophes are ascribed in public rather to human error than to the irrefragable contingency of matter and its principally resistant character, even when the real cause might have been the brittleness of a seal ring or the like. This issue might concern homeopaths, too, insofar as those seduced by the ideals of modern natural science and believing in the calculability of the material world, in the case when therapy fails, rather blame themselves than the drug, the patient, or the basic conditions. Those who think and act in ARISTOTLE'S categories, however, might consider the resistance or dispersiveness of the material for being the cause. As a matter of principle, homeopaths should welcome ARISTOTLE'S concept of the non-computability of matter since it allows for the scientific phrasing and explanation of the decisive difference between their individualizing practice and scientific medicine's generalizing theory.

Two kinds of science

After this digression into pre-modern history of science, a fundamental difference between two prototypes of science may become apparent.

- On the one hand, Aristotelian science, which derives its notions, principles, and concepts from human self-experience within a lifeworld perceptible by the senses, and which bases its explanations of different natural

phenomena and technical processes on the paradigm of goal-oriented striving and manual production of means for certain purposes.

- On the other hand, modern science, which – guided by the secular interest in command of nature – selectively observes and investigates only those aspects of the world which can be measured and weighed and brought into relation with each other in a mathematically exact way.

HAHNEMANN lived and acted almost exactly at the interface between these two big blocks of traditions of science. Even though some roots of the modern type of natural science can be traced back to the 13th century (ROGER BACON), experimenting, measuring, and using mathematics to study nature became the new scientific paradigm among scholars and patrons only in the 17th century, a topic of discussion among the broad public only in the 18th century and a major issue for medicine not before the 19th century. On the other hand, Aristotelism dominated teaching at the universities until well into the 18th and 19th century, at the faculties of medicine in many cases in combination with Galenism and humoral pathology – targets of HAHNEMANN’S polemics throughout his life. The Age of Enlightenment, in which HAHNEMANN was born, was downright fraught with the impetus – dazzled by tangible success of natural science in technology, agriculture and economy as well as inspired by the belief in continuous, ever-lasting advancement – to illuminate as many not yet “enlightened” areas of life as possible in a rational (which from now on meant above all causal-mechanical) way.

In analogy to NEWTON, who had founded modern physics as a natural science, KANT intended to turn metaphysics into a strictly *a priori* science, and therefore HAHNEMANN considered it his task to elevate medicine to the position of

a positive [[31] science following these two paragons. At that time, around 1800, – contrary to nowadays – it was not clear at all that “scientific medicine” would become tantamount to “natural-scientific medicine” one day. The excessive pluralism of healing systems, which made HAHNEMANN despair of medicine at first, was rather mirroring the general atmosphere of upheaval, which literally called for a new uniform paradigm. On this note HAHNEMANN was very progressive when he opted – as far as possible – for the natural-scientific method in his days, which half a century later in fact bestowed medicine a universal and uniform paradigm, which today is accepted worldwide, thanks to RUDOLF VIRCHOW, ROBERT KOCH, and others (cellular pathology, bacteriology). Thus, HAHNEMANN had tried to base his new doctrine of therapeutics on criteria that finally became standard long after his death only.

While conducting drug provings, e.g. he used healthy persons, single remedies and strict methodical and dietary instructions, evidently in order to approximate the new ideal of a natural-scientific experiment, according to which only one variable of as homogenous substrates as possible is to be changed under constant basic conditions and the result be read off. Also empiricism, an influential current of thought at that time particularly in England, which also turned out to become trendsetting later on, was joined by HAHNEMANN insofar as he too – regarding drug proving, case taking and follow-up examination – believed in the possibility of pure, unquestionable observations, just according to the natural-scientific model of registering objective measuring data using technical devices.

HAHNEMANN had the scientific ideal of space-time-invariant laws of nature and thus certainty and predictability in mind when he reformed medicine. This is

shown frequently in his works, for example, when he stated that homeopathy will some day “approximate mathematical sciences in terms of reliability” (‘Organon’ VI, § 145/1; ‘Organon’ V, § 145/1: “certainty”). All what is still missing are exact “observations” of several drug provers, he went on to say – which again casts a significant light on HAHNEMANN’S backing of the natural-scientific method of induction, another progressive method at the time, according to which universal laws shall be derived from as many individual observations as possible. This was a selection of some scientific elements of HAHNEMANN’S concept of a rational therapeutics. This alone, however, did and does not suffice to establish homeopathy. (If it did, homeopathy would long have been recognised by universities and become mainstream medicine respectively).

As a whole, HAHNEMANN’S healing system was rather held together by the brace of rationalism, a powerful 18th century school of philosophy, which assumed that the world is based on reason, which man – by means of his reason – is able to recognise. This concept of reason, however, was not confined to natural-scientific categories, and so it could focus on virtually any area of life, such as nature, culture, religion, anthropology, ethics, etc. As HAHNEMANN was partly rooted in this tradition as well, which in turn was kind of a modern descendant of Aristotelism, he still could concurrently use notions and patterns of argumentation that were incompatible with the natural-scientific approach, which increasingly was infiltrating medicine.

Notions such as pathogenetic or medicinal “potencies” literally reveal the Aristotelian category of “potentiality” (Latin: *potentia*) on which they are based, while the same word is contained in notions such as “*dynamis*” or “dynamic”, yet in Greek (Greek: *dýnamis*). HAHNEMANN’S

notion of “life force” in turn seems to be an attempt at a rationalistic version of ARISTOTELES’ concept of “Entelechia” (Greek: *entelecheía*: the goal-oriented striving of creatures), which in the wake of NEWTON’s physics, however, had to be expressed in natural-scientific terminology and thus in terms of “force”. Also the principle of similars does not fit the natural-scientific set of terms in the end, yet it does correspond to the Aristotelian-scholastic concept of analogy and the ancient conclusion by analogy. To establish the principle of similars as the only possible and true healing principle, HAHNEMANN was ultimately forced to draw on doctrines of rationalism, such as a benevolent and wise creator and the high spiritual and moral destination of mankind, which are all based again on the Aristotelian doctrine of teleology.

As these few examples show, homeopathy has at least two roots that can be historically traced back to different traditions of science.

- On the one hand, as a practitioner, HAHNEMANN could still – during the time of upheaval around 1800 – draw on the primarily lifeworld-practical categories of Greek, Latin and Arab classics (in short of Aristotelism),
- on the other hand, as a theorist, HAHNEMANN was already gripped by the impulse to turn medicine into a natural science in the sense of predictable, mathematical secure knowledge.

In this respect, homeopathy combines both progressive-scientific and traditional-teleological elements – in a complex blend that is hard to untangle. Therefore, it is susceptible to all sorts of interpretations and “enhancements”. This is the background of the current debate on homeopathy, which is unlikely to be resolved in the near future.

The point of view of history of science

From the perspective of history of science, above all three things should be considered:

1. It is to be maintained that homeopathy is a practical activity (Greek: *práxis*) for the sake of healing sick humans. Its success in the treatment of individual patients and its world wide spread and popularity speak for themselves. By sticking to a method which is structured and comprehensible according to traditional scientific criteria, homeopathy is a practical science – at least in the classic Aristotelian sense. To realise and acknowledge this is still not easy today as we are too much focused on natural science. However, it would be a solid position. On the other hand, it can only be advised against the temptation to claim more about homeopathy than its principles allow to justify (“certainty of healing”, etc.).

2. The claim that homeopathy ought to be a natural science in a modern sense is understandable from HAHNEMANN'S point of view, as due to the era's general optimism of progress it was still unthinkable that the use of natural science would not only bring benefits to humanity but also perils and catastrophes. Insofar, today, this labelling seems much less attractive than it used to be. What seemed to be progressive and promising about the principles of natural science at the beginning of modern times has now, from a post-modern perspective, become a victim of deconstructivism. Constructivism has exposed empiricism to the charge of being a naive illusion, with the argument that every observation is far more construction on the part of the subject than just neutral perception of objects. The natural-scientific method of induction and falsification has been debunked as egotistic ideology by theorists of science like THOMAS KUHN or PAUL FEYERABEND,

the more so as real-world scientific production follows more social and monetary interests than so-called criteria for the establishment of truth. The concept of linear causality, calculability, and predictability of the world on which Newtonian physics rests, has finally been put into perspective by chaos research to that effect that it may at most be a special case (in an artificial closed system) within a universe of non-linear processes. As can be seen, natural science is today, considering its foundation and follow-up costs, not without its crisis and critics and is possibly no longer the best ally for holistic physicians.

3. Against the background of ecological catastrophes and alarming side effects of drugs dispensed by conventional medicine, the long-run damages of an unchecked dominance of natural science over all areas of life today are looked at evermore critically. Hence, not only homeopathy, but also society as a whole faces the question and challenge of a better balanced relationship between natural-scientific theory and lifeworld practice. When the predominance of natural-scientific theories regarding the modern view of the world and our actions are ever more clearly coupled with the danger of a physical, psychological, and mental world loss, this theory-loadedness of our reference to the world requires a counterweight of complementary approaches to life that assign lifeworld practice a higher weight.

For example, what a human, a teacher, or a homeopath is, we know best and most intimately when we are one ourselves, i.e. when we – through one's own practical execution – understand the essence and are able to deal with it and, if possible, conceive it in scientific terms. In contrast, theoretical physics understands nothing of practical and living things, in fact cannot even say what matter is. Hence, we cannot expect it, or the physics-

orientated natural science, to ever elucidate the essence of homeopathy or its like. But once one has understood that conducting a science is itself a human activity, which always presupposes man (whom it tries to comprehend) and his practice, then the first step towards a redefinition of the status of natural-scientific theory in our lives as well as in medicine will have been taken.

In this context lifeworld-practical categories, as presented in Aristotle's "science of the living", could in future rise to unexpected relevance. From that, in my opinion, homeopathy could only profit.

200 years 'Organon of medicine'

A comparative view on its six editions (1810-1842)

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Summary

[[1] SAMUEL HAHNEMANN'S 'Organon of rational therapeutics', published in 1810, neither marks the beginning of homeopathy nor the endpoint of its development. On the one hand, its contents are based on terms and concepts developed and published by HAHNEMANN during the preceding two decades. On the other hand, the five (revised) editions of the 'Organon' that followed in the next three decades contain major changes of theory and conceptions. HAHNEMANN'S basic idea, however, running through all the stages of founding, elaborating, and defending his doctrine, may be detected by a comparative view of his works - from a historical and philosophical perspective.

Introduction

This year, in 2010, homeopathy is once again said to have reached its 200th anniversary. The truth is, homeopaths have already celebrated "200 years of homeopathy" at least three times within the last twenty years - corresponding to important stages in the development and foundation of homeopathy by SAMUEL HAHNEMANN (1755-1843). In 1990 it was commemorated that 200 years ago, in 1790, HAHNEMANN made his famous experiment on his own body

with Peruvian bark which was later considered to be the “rosy dawn” (*aurora*) of the homeopathic idea. 1996 marked 200 years since the basic principles of homeopathy, drug proving on healthy humans and treatment according to “*similia similibus*”, were published by HAHNEMANN for the first time (in 1796). In 2007 the term “homeopathic” finally had its 200th birthday: It was introduced by HAHNEMANN in 1807. The noun “homeopathy”, however, was not coined and published by HAHNEMANN until 1810, and also the constituting maxime of homeopathy “*similia similibus curentur*” was first published in its complete version in the ‘Organon of rational therapeutics’. Hence, in 1810, homeopathy acquired a basic textbook and a distinctive label, thus constituting itself as an entity of its own.

The fact that the title of the first edition of the ‘Organon’, published in 1810, read ‘Organon of rational therapeutics’, while all the following editions (2-6) bear the title ‘Organon of the art of healing’, may give a first hint that the development of homeopathy cannot be said to have been completed by 1810. In fact, a comparative look at the different editions may disclose various changes of concepts and theories in the development of the ‘Organon’ rather than a continuity of attitude and approach which does, of course, also exist but is more difficult to unravel.

Homeopaths who are in the possession of the last (sixth) edition only, may also get a sense of this problem, when studying it profoundly. Irritations and putative contradictions arising from a critical reading can often be resolved by demonstrating that HAHNEMANN, when revising the content of the ‘Organon’ five times, was not always totally consequent in eliminating old [[2] concepts and substituting them by new ones. So, although the ‘Organon’ – throughout its six editions – has become what was called the Bible of homeopathy, it is equally true that for most

people the basic reference book of homeopathy has remained to be a kind of book of seven seals.

In order to shed a new light on the content of the 'Organon', let us try to take a step back to get a broader perspective from where upon we may be able to put it into a historic and philosophic context.

Historical perspectives

From time immemorial – due to the precarious condition of existence of human beings – the motive to heal people has been a perennial challenge, something like an anthropological basic constant. It can be found in all epochs of history and on all continents of the world. This goal, however, – whether inspired by compassion, worship, curiosity, or convention – can be and actually was pursued and achieved in very different ways. As history of medicine shows, concepts, terms, and theories of how to cure people were varying widely – depending on time, place, intellectual climate, socio-economic incentives, and cultural and political circumstances. Seen from a historic bird's-eye view, e.g. it was not by chance that homeopathy emerged in 18th and 19th century Germany. In fact, it would not have fitted with Greek antiquity, Western middle ages, traditional Chinese culture, or the like.

In the wake of major political, social, and economic changes, such as the French Revolution, emancipation of citizens, and early industrialisation, and of intellectual movements, such as enlightenment, German Idealism, and German Romanticism, especially in Germany towards the turn of the century a remarkable culture of critical and profound thinking had evolved. As if triggered by an ever rising relevance of economic rationalizing, not only scientists and physicians, but even theologians and

philosophers tried to expand the realm of rationality within their fields as far as possible. (Since the term “ratio” derives from the commercial rendering of accounts, “rationalism” may be seen as the triumph of money – as a form of thinking – over all realms of life). While KANT e.g. claimed to have elevated metaphysics to the rank of a true (rational) science, many physicians (as well as philosophers and artists) were anxious to achieve the same for medicine.

Against this background and within this context, HAHNEMANN’S lifework, i.e. the finding, foundation, and further development of homeopathy, may now be contemplated and assessed: from his first vision of the principle of similars in 1790 up to his completion of the sixth edition of the ‘Organon’ in 1842. In this way, the first edition, published in 1810, may possibly lose some of its alleged status as an outstanding dogmatic landmark, let alone a kind of holy scripture. It will rather turn out to have been one of several transitional stages within a busy literary and medical career.

Philosophical perspectives

Apart from taking into account the regional and cultural circumstances, influences, and biases of his time and contemporaries (a fast field for medical historical research), it is [3] equally important for a clear understanding of HAHNEMANN’S work to consider another, more philosophical problem with which any discoverer of anything new and unheard-of is confronted. It belongs to the paradoxes of the human condition that language, logic, and concepts do allow humans to communicate their thoughts and opinions to other fellow-beings, but at the same time language, logic, and concepts limit the content of what is communicable to others at all. As a rule, ordinary people are only able to perceive, experience, and grasp

those things for which they have (firstly) a sense and (secondly) also a basic concept in their minds. E.g. without having a concept of a chair we would not be able to recognise any chair in this (or any other) room, in fact, we would not even know what to look for, etc. Everything else, e.g. sense qualities of bats, bees, or eels, or spiritual or mystic insights of saints, etc., will drop through the meshes of our perception and understanding and will thus remain unknown to us.

Given the case, that somebody has discovered something that is truly new and unheard-of, be it by chance, intuition, abduction, revelation, providence or the like, – in order to communicate this to his people, has no other option than to try to express it by means of common language, logic, and concepts. If it were possible to easily grasp and communicate it by these means, however, it would probably have been discovered long before. The very fact that it is really new and unheard-of, plainly suggests that it must have been beyond the scope of common language, logic, and concepts. History contains many examples of how philosophers, writers, and also physicians occasionally had to challenge the borders of language or even to create a complementary or alternative terminology for their new approaches.

Unlike e.g. PARACELSUS, who could relatively undisturbed develop his own world of concepts along with his alchemistic, astrological, and therapeutic findings (most of his books were published posthumously, anyway), HAHNEMANN – living 300 years later – was more openly obliged to comply with the conceptual standards and fashions of his time. Although modern peer-review procedures were not yet set up – to be admitted to publish an article e.g. in HUFELAND'S 'Journal' or to find a publisher for a book on medicine, certainly was not possible without

talking the same language as that of one's colleagues and sharing their scientific interests. Empirical details could be reported at will, as long as the linguistic, logical, and conceptual framework was understandable to the common reader. This is why HAHNEMANN used terms like organism, life-force, life-principle, dynamic, potencies, agencies, remedies, miasms, causes of disease, signs, symptoms, etc., and also why he never stopped working on their relationship and meaning during his long life of practicing and writing. Had HAHNEMANN lived today, in order to get access to a peer reviewed medical journal he would – like everybody – certainly have to comply with writing in terms of modern science, such as immunology, epigenetics, cybernetics, etc. As far as possible, however, he would probably use progressive concepts as well, such as complexity, semiotics, systems-theory, etc.

In order to put the 'Organon of rational therapeutics', whose 200th anniversary is celebrated this year, into the context of HAHNEMANN'S striving for recognition by his contemporaries, let us now have a closer look at the way he modified his presentation of and argumentation for his cause in the course of more than 50 years.

Behind various ostensible shifts of perspective, emphasis, and concepts, we may eventually detect a largely continuous development of a basic idea and conception – | [4] embedded, to be sure, in some theoretical and terminological discontinuities. The task will be to abstract or to abduct, among the irritating and contradicting concepts, the original vision or experience that inspired HAHNEMANN'S entire life – so to speak, the non-verbal essence of homeopathy which should be expressible in more than one theoretical framework and be transferable to different times and languages.

Early writings of Hahnemann (1790-1809)

In 1790, in his translation of WILLIAM CULLEN'S 'Materia medica', HAHNEMANN, in view of his proving of Peruvian bark, started out to draw the attention of the reader to his observation that "substances which arouse a kind of fever extinguish the types of intermittent fever" (JMS 29).

Referring to this early statement, in a publication in HUFELAND'S 'Journal', in 1796, HAHNEMANN presented himself as a "true physician having the perfection of his art at heart", hence concentrating on nothing but two questions: 1. What pure effects do medicines bring forth in healthy human bodies? and 2. What do their effects in distinct diseases teach us? (GKS 222). Rejecting all other (indirect) sources of medicinal knowledge, such as chemistry, botany, animal experiments, etc., HAHNEMANN advocated drug provings on healthy humans and treatment according to the principle "*similia similibus*". However, if a basic cause of a disease, such as a tapeworm (*taenia*), was known, its elimination would be the "*via regia*" of the art of healing. If no basic cause was known, i.e. in the majority of cases, antipathic treatment (treatment by the contrary) would be suitable only in acute diseases. Chronic diseases, on the other hand, were to be treated with so-called "specifics", i.e. remedies which have practically proven their usefulness in similar cases. For any state of disease there should be a specific remedy (GKS 220f.).

What was striking in this early publication, was HAHNEMANN'S uncompromising pragmatic attitude toward his practical goal of healing human beings, resulting in a differentiated and balanced handling of the causal and phenomenologic approach.

In another publication in HUFELAND'S 'Journal', in 1797, HAHNEMANN for the first time distinguished between

“dynamically” and “chemically” acting medicines (GKS 265), while in 1800, in his translation of RICHARD PEARSON’S ‘Thesaurus medicaminum’, he contrasted “dynamic” with “mechanic” (JMS 64) and in 1801, in HUFELAND’S ‘Journal’, with “atomic” (GKS 349).

In 1801, again in HUFELAND’S ‘Journal’, HAHNEMANN introduced his conception of “fixed diseases” which have a stable cause, e.g. a “quite invariable miasm”, like syphilis or psora, and a similar course. All other diseases, infinitely different in their symptoms, had to be considered as individuals (GKS 321). “In practically useful regard” HAHNEMANN also distinguished “material” and “dynamic” causes of diseases. If a material cause, such as a splinter, a foreign body, or a gall-stone, could be detected and eliminated, this should be done. Since dynamic causes were not known in their essence, however, – even if one knew their names, like psora, syphilis, or smallpox – they could not be treated directly (GKS 326f.).

Also in these publications HAHNEMANN presented himself as a decidedly practical physician who emphasized a distinction between dynamic and material (or chemical, mechanic, atomic), because this distinction seemed to him to have direct therapeutic consequences.

[[5] In 1805, in HUFELAND’S ‘Journal’, HAHNEMANN presented his doctrine under the heading ‘Therapeutics of experience’. Once more he pointed out that some diseases may have one and the same cause (e.g. a miasm): these may be called “peculiar diseases”, bear single names, and be treated with the same remedy. All the rest of the diseases, however, were inhomogenous and innumerable, and had to be considered and treated as individuals consisting of a unique combination of manifold influences in this person under these circumstances. In casetaking the physician should ask for basic causes as well as for exciting

causes (GKS 390-392). – Aside from these practical hints, however, the publication was dominated by HAHNEMANN'S attempt to found and theoretically explain his doctrine – in terms of contemporary concepts. For this (academic) purpose he had to resort e.g. to a stimulus theory in order to explain the principle of similars: pathogenic and medicinal stimuli (potencies) provoke diseases: if they are dissimilar, they suspend each other; if they are similar, they extinguish each other (GKS 395-398). By means of a semiotic theory he tried to substantiate his phenomenological approach toward the many individual diseases: since the inner essence of any disease reveals itself through signs and symptoms, they are “the disease itself” (GKS 392). To justify why a knowledge of all signs and symptoms really suffices for healing every individual disease, HAHNEMANN had to take refuge in teleological and metaphysic concepts: God, the wise and beneficial creator of humankind, guarantees that also under the condition of a limited perception humans must be able to cure (GKS 390). “Therapeutics” was now defined as a “science of experience” (GKS 390) and ostensible healings by non-curative remedies were denied (GKS 405).

In this publication of 1805, which was the forerunner of the ‘Organon’, we find HAHNEMANN embarking into the scientific discourse of his time, obviously under pressure to explain and sustain in current academic terms what he was practically doing for more than ten years. With the claim of conforming to science the necessity arose to give reasons for everything. Since any proof or argumentation is based on premises, however, HAHNEMANN was ultimately forced to introduce – as the ultimate premise – theological topics into his medical writings.

In 1807, again in HUFELAND'S ‘Journal’, HAHNEMANN coined and defined the term “homeopathic” (GKS 461),

complained that the “truth” of curative healing was not yet “scientifically recognized”, and called his doctrine “the most rational and perfect way of healing” (GKS 472). Up to this publication, the term “rational” was used by HAHNEMANN just casually, e.g. when he spoke of the “more rational modern times” in 1797 (GKS 264), a “rational physician” in 1800 (JMS 65), or the “rational use” of coffee in 1803 (GKS 364). From this time, however, when HAHNEMANN entered into a phase of defending his doctrine as an entity, the term “rational” – as well as “truth” – became increasingly important to him.

At the same time, in a series of articles in a popular journal for a broader public (AAdD), HAHNEMANN still kept his distance from the traditional sciences. In 1808 he stressed that since the way “vitality” works is not reducible to any mechanical, physical, or chemical measure (GKS 503), the wise physician confines himself to a “knowledge of vitality by experience” (GKS 505). In 1809 he recommended to a student the “study of medicine” – but only because “one has to know, what concepts people who consider themselves smart physicians have of all the things which they do not understand” (GKS 531).

[[6] On the other hand, in an open letter to HUFELAND, in 1808, HAHNEMANN tried to reconstruct the accomplishment of his discovery in a picture as consistent and incontestable as possible, drawing heavily on teleological arguments. In this context, for the first time he called his new therapeutic maxime a “law of nature” (GKS 495) and compared his difficulty in being recognized by dogmatics with LUTHER’S case (GKS 498).

In 1809, finally, HAHNEMANN performed a significant change of meaning in his terminology: for the present, the term “art of healing” was used pejoratively, while the term “therapeutics” had become the new ideal (GKS 540).

The six editions of the 'Organon' (1810-1842)

HAHNEMANN'S high valuation of the terms "rational" and "therapeutics" during that period may certainly have influenced the title of this work, whose 200th anniversary is to be celebrated this year: the 'Organon of rational therapeutics', published in 1810.

In this work HAHNEMANN introduced the noun "homeopathy" and for the first time presented the full formula of the basic maxime of homeopathy: "*similia similibus curentur*" (Org 1: p. v). Leaning on a quotation from FRANCIS BACON first mentioned in 1805 (GKS 370), the "art of healing" was now denounced as having been a "conjectural art" – until HAHNEMANN'S revision had brought forth the "beneficial truth" (Org 1: pp. i-iv). HAHNEMANN'S own ambition was "rationally curing", i.e. "according to fixed reasons" (p. v). His doctrine was claimed to rest upon the "homeopathic law of cure" (pp. vii, xxxi), the "homeopathic law of nature" (pp. xviii, 21), the "exceptionless law of homeopathy" (§ 199), and some more "special laws of rational therapeutics" (§ 200). Regarding the examples of involuntary homeopathic cures by former physicians he even spoke of "homeopathic causal connections" (p. xlviii). The stimulus theory advocated in 1805 was now replaced by the idea that "the organism obtains a special tuning from the disease" and cannot receive a second one without having to abandon the first (§ 21). Drug proving was explained entirely in Cartesian terms: "medicinal substances produce disease symptoms, according to special laws" (§ 89).

In 1810, more than in 1805, HAHNEMANN was obviously concerned about fitting his knowledge and insights into the stock of scientific terms and concepts. In this way, his more practical findings almost sank into insignificance, like his

further differentiation between fixed, individual, and collective diseases (§§ 48-60) and his elaboration of the conception of “vicariation” as a warning to treat local symptoms without curing the “inner disease”, such as syphilis or psora (§§ 173-175).

The problem of the attempt to grasp phenomena of the living in terms of rationality, is its tendency to generalisation and dogmatism. Indeed, in 1813, in an article in the popular journal already mentioned (AAdD), HAHNEMANN even claimed that nature acts according to the (homeopathic) “laws” – “with mathematical certainty” “in all cases”. Homeopathy was asserted to be the most “certain, reliable, gentle, quick, and lasting way” of healing (GKS 647).

In 1819, the second edition of the ‘Organon’ appeared under the title ‘Organon of the art of healing’. In the preface HAHNEMANN stated several times that his subject is the “art of healing”, with “true art of healing” being conceptualized as a “pure science of experience” (Org 2: pp. 6-14). The term “rational”, so prominent in the first edition, was now consequently erased from the entire book, except in one footnote where it was used [7] to denounce the errors of the old “rational” school (§ 6). This ostracism of the term “rational” was maintained through all the subsequent editions of the ‘Organon’. The same change of attitude may also be seen in a subtle shift of wording in the section 1: In 1810 the starting point and subject was “the physician” who had a “goal”. From 1819 to 1842, however, the emphasis was put on the new subject, the “calling” “of the physician”, putting the physician into the genitive. In addition, a new footnote to this section from now on served as an explicit demarcation from academic theorizing, as professors of “theoretic medicinal art” used to indulge in (§ 1). While in the first edition a teleologic poem from GELLERT

was on the title page, this was now substituted by the motto "*aude sapere*" (dare to know) – whereby "*sapere*" not only means "knowing", but also "smelling", i.e. a sensual activity that may not entirely be translatable into rational concepts.

The terms and concepts used in this edition to give HAHNEMANN'S medical colleagues an idea of what homeopathy is about, seem less Cartesian-academic and closer to the phenomena. Diseases e.g. were now described as "spiritual detunements (derangements) of our life in feelings and activities" or "immaterial detunements (derangements) of our well-being" (§ 53). At the same time, however, he kept claiming (up to the sixth edition) that his doctrine was based on the homeopathic "law of nature" (§§ 20, 43, 65, 116, 142) or "healing law of nature" (p. 53, § 45). Practically relevant was HAHNEMANN'S suggestion to ask patients for a former infection with specific miasms, such as syphilis, psora, or sycosis (!), since the local symptom, i.e. the chancre or the skin rash, may have disappeared and with it the completeness of the picture (§ 228).

The third edition of the 'Organon', published in 1824, was a largely unaltered copy of the second. Still, HAHNEMANN inserted an approving comment on mesmerism (§§ 319-320) and some extensions of practical rules for the treatment of chronic diseases (§§ 108b, 167b). Sycosis was already depicted very sharply, as an inner disease with specific local and secondary symptoms, henceforth taking its place besides psora and syphilis. For the treatment of psora HAHNEMANN suggested the internal use of the best "antipsoric remedy", thus using the term "antipsoric" here for the first time (§ 220).

In 1828, HAHNEMANN published his monograph on the nature and treatment of 'Chronic Diseases'. As he wrote,

since 1816 he had been working on this issue – i.e. since the time between the first and second edition of the ‘Organon’, when he abandoned the term “rational therapeutics” and embraced the ideal “art of healing” instead. Based on his usual concepts of fixed diseases, vicariation, and original and exciting causes, HAHNEMANN now attributed all chronic diseases to a former infection with a chronic miasm (psora, syphilis, or sycosis) and claimed that these could only be healed homeopathically. The fact, however, that psora was conceptualized to be the most infectious and versatile disease, persisting – without cure – lifelong, like a “parasite” (CK 1, 14), had the far-reaching consequence that virtually nobody would be free if it. (HAHNEMANN considered himself to be one of very few exceptions, CK 1.57). Up to the psora theory, normality had consisted of healthy people occasionally becoming ill. Now (almost) everybody had to be considered to be chronically ill, at least in a latent state, and unable to recover without homeopathic aid.

In the fourth edition of the ‘Organon’, published in 1829, the paradigmatic changes resulting from psora theory had to be incorporated and digested. One of the main [8] concepts helping HAHNEMANN to explain why the average human would be ill and not healthy, was the “life force”. While in the first edition of the ‘Organon’ this term appeared only once (Org 1: § 227), in the second edition twice (Org 2: §§ 75, 287), in the third edition ten times (Org 3: §§ 75, 287, 319, 320), and even in the ‘Chronic Diseases’, in 1828, only three times (CK 1.2, 1.86, 3.49), always just in a general unspecific sense, – in the fourth edition HAHNEMANN used it 76 times (Org 4: pp. iv-vi , xii, 9, 15, 23, 24, 26, 27, 29, 32, 34-41, 43, 45, 51, §§ 17, 24, 40, 46, 48, 60, 65, 66, 68, 72, 105, 142, 191, 202, 280, 291, 292), in

the fifth edition 139 times, and in the sixth edition 106 times.

In contrast to his former use of the term “life-force” as a metaphoric synonym for “nature” or “organism”, HAHNEMANN now distinguished between “wise” “big nature itself” and the “mere individual nature of the organic human”, i.e. the “instinctive, unreasonable life-force” which – once detuned – acts “blindly”, “automatically”, and “inappropriately” and whose “efforts are itself illness” (pp. iii-vi). This, of course, should not be imitated. On the contrary, the “art of healing” required the “higher human spirit”, “free deliberation”, and “reasoning” (p. 41), to “retune” (homeopathically) the “detuned life-force”. Only from now on was disease defined as “detunement (derangement) of the life-force” (p. 9, §§ 24, 40) and chronic miasms were considered to be the “biggest tormentors of humans” (§ 71).

The fifth edition of the ‘Organon’, published in 1833, was mainly governed by issues of confrontation and demarcation, such as HAHNEMANN’S significantly harsher attacks on allopathy (Org 5: pp. iii-x), but also his new delimitation of homeopathy against “isopathy” (pp. 67-70, § 56), against a putative “sect of bastard-homeopaths” (p. ix, §§ 67, 149, 246), and against a new group of “self-conceited beginners” and converts (§ 253). In the course of a new tightening of homeopathic identity from now on he claimed homeopathy to be the “only true art of healing” (§§ 109, 143), just as “between two points there is only one straight line” (§§ 54, 109), and suggested using the 30c-potency as a standard dose (§§ 270, 246, 287), especially in the form of “smelling” (§§ 288, 285). Outbidding his former assessments, HAHNEMANN now estimated the number of chronic diseases at 99 % (p. v). In the sixth edition,

however, he once again reduced his guess to “the majority of diseases” (p. 2, § 204).

The sixth edition of the ‘Organon’, completed by HAHNEMANN as a manuscript in 1842, contained almost no change of concepts and ideas in principle. From a practical point of view, however, there were a number of relevant modifications of HAHNEMANN’S doctrine presented for the first time. The most surprising was his description of a new and more sophisticated way of potentization, i.e. the manufacture of what was later called q-potencies (Org 6: §§ 270-271) – together with new directions for dosage and intervals of prescribing and rules for following-up cases, including the description of a new kind of (late) aggravation (§§ 280-282). Contrary to the editions 3–5, HAHNEMANN no longer considered mesmerism as a mere “auxiliary aid” which could “act homeopathically” but not perform a “lasting cure” (Org 3: § 319; Org 4: § 291; Org 5: § 293). Rather mesmerism was now granted the peer status of an “invaluable gift of God”, equally able to “extinguish the detunement (derangement) of the life-force” (§ 288). HAHNEMANN also admitted – under certain circumstances – the usefulness of the application of magnets, electricity, and galvanism (§§ 286-287), as well as of massages and baths (§§ 290-291). For the first time HAHNEMANN also included his vision of homeopathic hospitals and education into the ‘Organon’ (§ 271).

Conclusion and outlook

[[9] It may have become clear now that the ‘Organon of rational therapeutics’, published in 1810, cannot be adequately understood and judged without considering its context. With the first edition of the ‘Organon’ homeopathy neither began nor ended. On the contrary, its position seems to be rather in the middle of HAHNEMANN’S literary

and practical lifework. Basic principles of homeopathy, i.e. drug proving and treatment by similars, were already founded by 1796, and fundamental concepts, such as “dynamic”, “fixed disease”, “miasm”, and original and exciting causes were developed in 1796, 1797, 1801, and 1805, respectively. Various scientific theories were drawn upon to make the new method plausible, understandable, and acceptable to academic physicians in 1805. Even the name “homeopathic” had been coined no later than 1807. Compared to these preliminaries, the particular achievement of the first edition of the ‘Organon’ was little more than a strict alignment with the hype of rationality prevailing in those days.

On the other hand, formal similarities of the six editions of the ‘Organon’ – if viewed in a superficial, somewhat naive manner – may give rise to the impression that all ‘Organon’ editions (1-6) were basically one book – just having been republished at different times, with some corrections added. A deeper, comparative look at the same six editions, however, may allow them to appear in a different light. Each of them may seem to have virtually adopted a kind of individual personality: from the first, most ambitious and rationalistic edition, to the second, more artistic and phenomenologic, to the third, almost unaltered, to the forth, which was completely determined by the psora theory, to the fifth, the most pugnacious and delimitating, to the sixth, probably the most pragmatic and balanced one. Each of them, to be sure, corresponded to a typical phase in HAHNEMANN’S life and development, his social conditions, and intellectual environment. After starting out to impress the readers of his first ‘Organon’ by means of the rationalistic claim to make medicine a natural science in 1810, HAHNEMANN recollected himself to embrace anew the ideal of medicine as an “art of healing” in 1819,

had almost nothing to add to this in 1824, performed and assimilated a big paradigmatic change in 1829, defended his doctrine against various threats and false friends in 1833, and – meanwhile living in Paris – perfected in a practical respect his life's work in 1842.

Nevertheless, the six editions of the 'Organon' are not only different, but at the same time also connected by a kind of powerful invisible thread. It is HAHNEMANN'S basic idea of an art of healing that, on the one hand, attempts to stick as close to the sick human and primary phenomena (disturbed well-being/feeling, detuned vitality, remedies as potencies to influence these states, etc.) as possible, and, on the other hand, strives to find tools, rules, or laws that make the highly demanding practice of medicine certain and reliable.

If we admit this basic idea to be the core of the spirit of HAHNEMANN pervading all his writings, all his practice, and all his research, there still remains the need to translate this vague and fuzzy vision into concrete terms and concepts: a challenge which HAHNEMANN met and accepted in an admirable way all through his life. The fact that he had to comply with theories, ideas, and conceptions of his time and contemporaries, does not at all impair his achievements. On the contrary: Instead of criticizing or deconstructing [[10] HAHNEMANN'S dependence on contemporary conditions, we should rather engage in carrying on his noble and beneficial intention into the 21st century, trying to translate the perennial mission of true medicine into the language of modern science, humanities, and philosophy.

Only if we actually tried to write a seventh (or eighth) edition of the 'Organon', would we possibly realize how much HAHNEMANN had already brought to light in the previous six.

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The bio-psycho-social model and its potential for a new theory of homeopathy

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Introduction

[[1] As everybody may agree, modern science is a mighty tool for solving problems in many fields and aspects of our lives. We all benefit from the facilitation that scientific progress has provided for each of us, from electric light to modern means of transportation and communication. And we are aware of the many prestigious discoveries in cosmology and atomic physics, by means of astronautics, space telescopes, or particle accelerators. On closer inspection, however, many achievements and applications of modern science turn out to be not only advantageous for humanity, but also involve risks and perils, as, for example, with nuclear energy. In fact, the more harm uncontrolled scientific technologies inflict on living beings, the higher the need for medical science to repair the collateral damage and potential backlash of scientific advance on human beings, as well as on the flora and fauna of the planet.

Conventional modern medicine, however, relies upon the very same principles and methods as the neighboring fields of science. To be sure, it has distinguished domains of competence and excellence, for example epidemiology, bacteriology, pharmacology, etc. It is strong and convincing wherever medical problems can be approached by way of generalization, quantification, and statistical recording. Just as physicists or chemists, conventional medical scientists methodically confine themselves to searching for

generally accepted natural laws, preferably in terms of causality, mechanism, economics, and efficiency. They try to explore diseases, effects of medicines, and correlations between parts of the body, as if these were neutral objects or entities, existing independently of a particular context. Ensnared by spectacular successes in controlling and commanding life-threatening conditions of the organism and in measuring and manipulating ever smaller structures and functions of cells, genes, and molecules, indeed most scientists, technology writers, and lay persons today are highly tempted to conclude that probably everything in medicine can be explored in such a manner – if not right away, then at least some day in the future.

Conventional medical science

This widespread attitude of a generalized positivism of science, can however be challenged in a multitude of ways and in fact proves to be untenable, if examined systematically. Trying to put the critical arguments and objections in a nutshell, we might say, modern science suffers from a forgetfulness of its own genesis, an unawareness of its blind spot, or an illusion of its autonomy. The problem is that scientists are prone to forget that what they are doing is much more than just recording measured data. This can be and in fact is done by robots and computers as well. Yet, running a science is a human activity which presupposes human subjects, who are never confined to passive absorption and adaptation to allegedly objective external conditions, but are always also constructing and interpreting the world around themselves. Running a science, therefore, is by no means a neutral innocuous job, but inevitably has utmost practical and ethical implications.

Philosophically speaking, human knowledge is always reliant on underlying notions, concepts, and paradigms, which are brought into play by human minds. But at the same time human knowledge is always in danger of being misled, distorted, or adulterated by the notions, concepts, and paradigms employed. Science, especially modern science which [2] emerged some 300 years ago and has been dominating conventional medicine for 150 years, traditionally tends to fixate on a canon of methodical rules and laws. Rather than constantly considering their scope and limits, modern medicine tries to explain as much as possible by means of reduction, subsumption, and generalization.

On the other hand, philosophy, poetry, and art, as well as history and theory of science, are continuous attempts to rebuff, oppose, and disapprove the superiority and exclusiveness of predominant paradigms and mindsets. They usually try to open up new spaces, create new categories, or claim new liberties to enable the appearance of phenomena which otherwise would not emerge on the horizon and become visible or perceptible at all.

The topic of a forgetfulness of its own genesis on the part of modern science is not a merely theoretical issue, but is proving to have crucial practical relevance. This shortcoming is the origin of many of the problems medicine is facing at present. Modern scientists who for example are trying to explore the memory of human body and soul, are bound by the scientific method to look for putative objective entities, such as biomolecular engrams, chemical transmitter substances, neuronal flows, brain structures, or the like. They take an offish look at someone else's body. But it is an exoteric view from outside, the pretentious attitude of an allegedly neutral observer on an allegedly distant object. The inner dimension of what we call

memory, its function, meaning, and dynamics, however, cannot be said to be understood by merely enumerating its necessary physical and chemical conditions. At this point, the category of subjectivity, although long-neglected by scientific medicine, claims its legitimate constitutional place in medical theory.

Introducing the “subject” into medicine

During the last century, significant attempts have been made to introduce the “subject” into biology and medicine. Nevertheless, there is no evidence that up to now this project has unsettled the conventional model of mainstream medicine to any considerable extent. Certainly, introducing the “subject” into medicine never meant just adding another term to a traditional set of tools and concepts, but rather a paradigmatic change, that is to say, a revolutionary deconstruction and reconstruction of the fundamental scientific framework.

For centuries, in the wake of DESCARTES’ definition of animals as mechanisms and LA METTRIE’S reification of human beings as machines, even the so-called life sciences applied the very same criteria of scientific research as physicists or chemists used to do. The latter, however, are dealing with dead objects, such as masses, forces, pressures, etc., while the former ought to be in charge of the phenomena of the living. Generally speaking, every branch of scientists tried to reduce the whole world, the animated as well as the inanimate, to mechanical, physical, chemical, mathematical, or statistical laws and causal connections. This had, and still has, a tremendous impact on modern medicine, on our concept of man, and on homeopathy.

The ordinary view of man today is determined by the way conventional scientific medicine examines his parts and functions. Accordingly, human beings are deemed to be complicated mechanisms, health is deemed to be their regular and efficient function, and disease is deemed to be their failure, that can be objectified by measured values. As a corollary of the scientific method, drug effects are deemed to be causal impacts on the body, such as chemical reaction, physical suppression, or material substitution. To come to the point, in the conventional scientific approach no difference is made between the causality of drug action *in vitro* and *in vivo*. The substance is deemed to execute its determined effect with or without the subject of the patient.

[[3] Taking this setting of coordinates and variables as a basis for the assessment of any kind of medicine, it is clear what, for example, homeopathy will look like. According to evidence-based medicine, the all-dominant tool to implement modern scientific standards in medicine at large, homeopathy as a rule proves not to fulfill the criteria of biomedical technologies which can be standardized, quantified, and statistically determined. In a naïve manner of conclusion, this verdict by leading medical authorities may sound to a wide public as if homeopathy had proven not to be scientific at all. In reality, it discloses nothing but an incompatibility of the conventional scientific method on the one hand and the practice and art of homeopathy on the other.

This result, in turn, may be interpreted as evidence of failure of the conventional biomedical paradigm rather than a disproof of the homeopathic method of healing. The challenge for homeopaths, therefore, would rather be to find and establish an own scientific theory than to adapt and comply with external standards of conventional

medicine. Moreover, the challenge for medicine at large would be to develop a theory of medicine which is wide enough to explain both what conventional and what homeopathic doctors are doing. To be sure, both schools of medicine treat living beings. Hence, any theory that does not imply specific phenomena of the living, such as subjectivity, relationships, and communication, is doomed to fall far short of real life.

The bio-psycho-social model of man

In search of a theory of medicine which is comprehensive enough to also provide a conceptual framework for homeopathy, we may find a valuable key in the work of the German physician of Baltic origin THURE VON UEXKÜLL (1908–2004), in the 20th century one of the protagonists of the attempt to introduce the “subject” into medical theory. Since the 1950s, UEXKÜLL distinguished himself as one of the founders of psychosomatic medicine in Germany, suggesting and elaborating the so-called bio-psycho-social model of human beings. His basic idea and vision was to establish a scientific model of man which on the one hand overcomes the reductionism, mechanism, and materialism of the conventional scientific method and on the other enables us to understand the human being as a unity in various aspects: for example a unity of different levels of existence, such as vegetative, animal, and mental functions, but also a unity between organism and environment, in short between subject and object.

In conventional science, neither physiologists, psychologists, nor sociologists are considering the entire human being, but instead each of them is exclusively applying the method, concepts, and paradigms of his specific field, thus observing different things and talking

another language to that of his colleagues. Contrary to that, UEXKÜLL tried to base his theory on categories broad enough to be applied to all of the different layers, dimensions, and relationships of the patient. To this end, he utilized cybernetic, semiotic, and constructivistic concepts of systems theory. These approaches were developed in control engineering, linguistics, philosophy, and sociology, but not yet introduced into medicine.

Preliminary work, upon which THURE VON UEXKÜLL could heavily draw, had already been done by his father, JAKOB VON UEXKÜLL (1864–1944), a German-baltic zoologist and pioneer of theoretic biology. He was born in Estonia, went to school in Reval (Tallinn), and graduated from the ‘University of Dorpat’ (Tartu). Inspired by his studies of IMMANUEL KANT (1724–1804) and German and Baltic romantic naturalists, like JOHANNES MÜLLER (1801–1858) und KARL ERNST VON BAER (1792–1876), at the beginning of the 20th century he introduced the concept of a “functional cycle” and that of a “specific environment” of animals, challenging the traditional supposition of an alleged objectivity which was said to exist independently of particular subjects.

[[4] Long before modern constructivists and neuroscientists started to claim that what we call reality is an image, idea, or illusion rather than an objective invariable world which would be one and the same for everybody, JAKOB VON UEXKÜLL came to similar conclusions by means of his experiments with sea urchins and other marine and terrestrial animals. He demonstrated in an impressive way that every living being constructs and therefore has and commands its own subjective environment. How for example the environment of a tick (*Ixodida*) feels or looks like, can be deduced from its sensory and motoric organs. The tick can only perceive and

react to the sensual qualities of warm or cold, up or down, and, is butyric acid present or not? Accordingly, only such information has a meaning for the tick, while anything else is meaningless, not perceived at all, and thus, never becomes part of its subjective environment.

Apparently, different animals attach different importance to phenomena that they perceive. But even the same individual may attach great importance to something only for a limited time, while at another time the same thing is considered to be unimportant. This difference in assessment depends upon the animal's inner state. When hungry, potential foodstuff gains the highest meaning within the perceptible world. When looking for a sexual partner, however, the perception focuses on different things, thus forming another subjective environment, as long as this preference lasts. The difficult point to understand here is that nobody can really know about anything like a neutral objective reality in which all animals would live and interact. Instead, each one is living in its own subjective environment, which is the result of a permanent construction process, depending on one's own prevailing inner state.

The basic unit of living, therefore, may be conceptualized as a "functional cycle", consisting of a sensory and a motoric branch, with a circular process. According to its needs, the organism perceives signs from his environment to which he attaches a meaning and reacts in a way that affects and alters these signs, so that their meaning and thus the organism's environment change. Contrary and complementary to conventional causal-mechanic explanations, this new approach to understanding the interactions between animals and their specific environments is based on the concept of subjectivity. Hence, it is hermeneutic rather than deterministic.

THURE VON UEXKÜLL, carrying on his father's innovative and promising approach toward a scientific comprehension of the living, elaborated this basic model of a "functional cycle" for the setting of human beings and supplemented it with the concept of a "situational cycle". Apart from an increasing complexity regarding additional psychic and social levels to consider, as a major distinction of the human condition he considered the possibility of the human mind, instead of directly responding to perceived signs, to merely imagining a situation and, so to speak, behave in rehearsal, without running a risk. To describe this specific human option in terms of systems theory, he coined the concept of a "situational cycle".

The real strength of the bio-psycho-social model of man, however, lies in the capability to overcome the theoretical as well as institutional separation of physiological, psychical, and social problems of a patient. No matter which level of existence one is considering, be it biological cell function, interaction of organs, psychic communication, or social relationships, the semiotic model of attaching, processing, and transforming meaning of perceived signs and thus continuously reconstructing one's subjective environment, proves to be applicable in all cases. Since each cell, organ, organism, etc. has its own environment, its own order of importance, and its own code to detect and process meaningful signs, interactions between different systems or layers have to be interpreted as translation processes (from one system of codes to another) rather than causal-mechanic effects, which in the psychological and social dimension have no explanatory power, anyway.

[[5] The consequence of this model of semiotic and cybernetic processes underlying the permanent reconstruction of our environment is that everybody is living in his own individual reality. Construction of a

common reality is possible (e.g. between doctor and patient), but needs extra communication and translation of signs between the individuals and their subjective environments. To make things more complicated, each unit of a subject and environment also has its individual history, starting at the point in early infancy where the basic unity had separated for the first time, where both subject and object came into being, emerging out of non-existence, and came into the world.

Tracing back the development of the self, its senses, its first impressions, feelings, and conceptions, to the point where the systemic processes described in the bio-psycho-social model were not yet running, but still had to be created and initiated, UEXKÜLL uses the German term “Stimmung” in order to characterize this original state at the fringe of scientific language and notions. This notion cannot easily be translated into one single English word, due to its many facets, such as mood, atmosphere, general feeling, sentiment, tone, or tuning.

Thus, a kind of tuning would be the precursor of any unit of communication, as the minimal form of being. Later, by means of socialization of the new born child, this pre-verbal experience will gradually be translated and transformed from a vegetative, to animal, and the human level, when strategies and programs of perception and activities are generated to solve problems. Conversely, even in adulthood any bio-psycho-social state or conflict will always be constituted by a reproduction and realization of this original individual “Stimmung” and its destiny within the biography of the patient.

The relevance for homeopathy

This wording, which in other respects is not customary in conventional hard-core science, may remind us of the well-known definition of disease which SAMUEL HAHNEMANN (1755-1843) some 200 years ago had introduced while attempting to provide a tentative theory of his new science and art of healing. Disease, he said, is a detuning or derangement (“Verstimmung”) of the life force, thus using the root of the same German term “Stimmung”. Accordingly, healing would be the leading back of the detuned life-force into its original state of tuning.

When HAHNEMANN tried to explain to his contemporaries in theoretical terms what he had found and what he was doing practically, the medical theory of his time was just about to abandon traditional notions and concepts, such as semiology, teleology, and vitalism, and to embrace modern ideas and programs, such as causality, mechanism, and materialism. HAHNEMANN, living and operating at the interface of two unequal epochs, availed himself of inhomogeneous components of medical theory in order to connect to the scientific discourse of that transitional period. This is why some of HAHNEMANN’S conceptions today seem antiquated and outdated, some modern and progressive, and some postmodern, revolutionary, or even perennially valid.

Homeopathy at large, however, is still left wanting for a consistent and conclusive theory. In fact, due to the lack of awareness of its theoretical roots, homeopaths easily tend to capitulate when exposed to criticism and try to comply with the demands of what they think is current scientific standard. To prevent being alienated from one’s own practical experience by inadequate theoretical objections, however, a good understanding of the strength and weakness of the respective theory is required. With the bio-psycho-social model of man today most of the refutations

on the part of conventional scientific medicine may be rebutted. That way, a new self-confidence and contentment could arise amongst homeopaths whenever they [[6] become aware that what they are doing in practice is in full accordance with the most coherent, significant, and up-to-date model of medicine.

As long as one clings to the conceptual framework of conventional medicine, it is virtually impossible to make sense of most of the traditional homeopathic terms and concepts, such as life-force, detuning, dynamic action, semiology, idiosyncrasy, etc. However, since they can all be translated into the language of the bio-psycho-social model and understood and verified within its set of categories, the problem lies more on the side of conventional medical theory than on that of the homeopathic method and practice. To be sure, in order to avoid notorious misunderstanding and misinterpretation, homeopaths would be well advised to consequently avoid HAHNEMANN'S misleading terms and henceforth substitute them by theoretically consistent expressions.

Developing a new theory of homeopathy

Some examples may illustrate the potential of the bio-psycho-social model (BPS model) for a new theory of homeopathy.

- Terms and concepts such as life-force, life-principle, or vitality are incompatible with the methodological reduction of conventional medicine on mechanism, materialism, and positivism. In the BPS model, however, there is no problem in admitting this kind of constitutive dimension of all living phenomena. In fact, its entire theory is based on it. To be sure, for theoretical reasons, it is much better to call it intentionality or “subjectivity”. Conceptualized as

autopoietic programs or control loops this term can be more easily connected to other sciences.

- Individual differences in the susceptibility, constitution, and disposition of patients are a fundamental problem for conventional medicine, whose major methodological tools are mean comparison tests on the background of the paradigm of cause-effect-impacts. The fact that human individuals, according to their present state and personal history, respond differently to one and the same substance, however, gets its full assertion in the BPS model with the basic semiotic process of “functional cycles”. According to one’s inner state (including the memory of past stages of one’s individual development), a patient may at one moment attach high significance to one particular remedy, while at another time, according to his changed state, attaches highest importance to another. A *Staphisagria* state may not last forever, but might change to a *Pulsatilla* state, for example.

- While in this case conventional science would either be focused on supposed causal effects on the level of molecular biology or jump to psycho-social imputations, such as hypochondria, auto-suggestion, or *placebo*-effect, in the BPS model the patient is consequently considered as a unit and his reaction towards a remedy is understood in a uniform (semiotic and cybernetic) way, covering all his layers of existence simultaneously. Contrary to the conventional paradigm, according to which without material substance no drug effect would be possible, in the BPS model even the controversy about ultramolecular dilutions is irrelevant, because its starting point is not a putatively objective world of matter, but the subjectivity of the patient who attributes and processes subjective meaning to whatever phenomena he likes or needs, be it material or immaterial information. Not the remedy acts,

but the patient! And anyway, he at least has to be accepted as real.

- To make this last point as clear as possible, it should be considered that the terminology of medicinal “potencies”, pathogenic “agents”, or morbidic “influences” is highly misleading. It rests on the conventional materialistic assumption (from which even HAHNEMANN could not disengage himself completely), that external entities have causal effects on the patient. Apart from overwhelming physical or chemical impacts, as by mechanic violence or highly dosed [[7] suppressive drugs, however, in regulatory therapies without the subject of the patient remedies would not at all be involved in the “functional cycles” which at every moment constitute the present state of the patient. Strictly speaking, not the germ is the protagonist, but the individual subject is the “agent” who falls ill when exposed to certain things that he associates with morbidity. And not the remedy causes the cure, but the individual subject has the “potency” to react to particular perceptions and meanings of drugs by way of aggravation, amelioration, or healing.

- Although on the one hand HAHNEMANN did use these conventional terms, which obscure rather than elucidate his truly phenomenological approach, on the other hand he untiringly emphasized the so-called “dynamic” or “spirit-like” interaction between patient, pathogen, and remedy. Although his concept of “dynamic” was still vague and blurred, it was absolutely clear to him that homeopathic healing transcends the categories of conventional physical, chemical, mechanical, material, or atomistic thinking. All the more today’s homeopaths should not relapse and waste resources in arguing against conventional causal-mechanical objections and concerns. In spite of its complexity, the dynamics of the semiotic processes

underlying drug proving and the art of healing are perfectly represented in the BPS model.

- To give an example from our life world: If single individuals feel sick after looking at a certain picture on the wall, it is not about a causal effect by the picture that could be reproduced in double-blind studies or the like, but it is the individual sensitivity, disposition, history, etc. of the patient and his particular dynamics of attaching and processing meaning to the phenomena he encounters, that tips the scale. Interestingly, HAHNEMANN literally speaks of “psychic organs” (‘Organon’, §§ 215f.), indicating that he consciously used the same terms and concepts to explain dynamic action on the physical as well as on the psychic level. For conventional medical theory this mix of notions and levels might be a nuisance. In the BPS model, however, it is understood in principle that the dynamics of the subject are the same in all dimensions. Hence, the use of analogies is definitely justified.

- For HAHNEMANN the aim of the homeopathic treatment was to restore the patient’s health, more precisely, to bring him back to the original state in which he was to be found in his healthy days. Importantly, HAHNEMANN did not mind whether the recovered patient became mild or rough again, good or bad, bashful or shameless, etc. (‘Organon’, § 210). Contrary to conventional academic science whose traditional job has always been to establish generally valid criteria and rules to impose on everything and everybody, HAHNEMANN’S appreciation of the irreducible individuality of the patient’s identity almost irrefutably makes him a forerunner of the BPS model. Ahead of his time, rather than proposing abstract normative ideas of health or the like, HAHNEMANN was aware that each subject has an individual kernel or tuning which cannot be changed by therapeutic means.

- The BPS model explains why and how every individual, together with his subjective environment, emerges from a basic tuning (“Stimmung”) in early infancy, which in turn will accompany the person in any subsequent state experienced throughout his life. Regardless whether the nascent being originally felt frightened, relaxed, curious, greedy, etc., as long as the adult manages to keep his genuine subjective environment coherent, he is healthy. Every subject will forever try to harmonize (“abstimmen”) his first imprinted state with the situations and phenomena with which he will interact in his later life. Disability to adjust and match one’s own individual tuning and one’s subjective environment, would result in disease. If we translate HAHNEMANN’S awkward notion “life-force” into the dynamics of functional and situational cycles connecting the subject with his environment, we find his basic concept expressed in updated scientific language.

- Finally, major theoretical positions of HAHNEMANN, like his teleological, deistic, and semiotic reasoning, will remain incomprehensible as long as they are assessed from the view [[8] of conventional scientific thinking. From the perspective of the BPS model, however, it does make sense when HAHNEMANN maintains that the only scientific approach to the patient’s state is through the physician’s perception of his signs and symptoms. Also his painstaking practical directions concerning drug proving, case taking, and follow-up can hardly be appreciated against the background of conventional medicine, which for intrinsic reasons would willingly confer this labor on questionnaires, checklists, and machines. With the BPS model, however, it can be understood and demonstrated, that semiotic cycles are omnipresent and that doctors have to be aware of them, in their empathic relationship to patients as well as

when watching the interaction between human beings and the remedy they require.

Conclusion

To conclude this fragmentary list of examples of how the bio-psycho-social model of man could boost homeopathy's long-neglected task of developing a new scientific theory, it may be remembered that theory is not just theory and practice is not just practice. Without always considering the other as well and being aware of the basic unity and dynamic connection of all dualities, as the bio-psycho-social model suggests, we would never understand in scientific terms the fundamental interplay between theory and practice, between subjects and their environment, or between the patient and the remedy. To be sure, HAHNEMANN obviously understood these things in his heart. In fact, the practical directions he found and established for the homeopathic art of healing, out of a mixture of intuition, reasoning, and directed experience, can hardly be topped, even after 200 years.

Nevertheless, the theory of homeopathy is still lacking coherence ("Stimmigkeit") and conclusiveness. It consists of a wide range of different concepts and contains components of contradictory paradigms. What homeopathy really needs, is a revision of its theoretical armamentarium, in order to meet the demands of the day, to be able to present itself as a legitimate science, to connect to neighboring fields, and to communicate *on a par* with these. As the history of medicine shows, theoretical consistency, plausibility, and persuasiveness are the basis for social, political, and institutional recognition. As has been outlined in this paper, all these aims might be achieved by adopting the bio-psycho-social model of man as

a solid conceptual framework for a new theory of homeopathy.

New approaches within the history and theory of medicine and its relevance for homeopathy

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Introduction

[[1] Despite its many impressive achievements during the last two hundred years, full recognition and appreciation of homeopathy by conventional medicine is still lacking.

How can this paradox be explained, how can it be resolved?

The thesis I am suggesting in my presentation is that conventional medicine's rejection of homeopathy's claim of being a scientific medicine stems mainly from an inaccurate understanding of the scope, prospects, and limits of science and its appropriate status in our lives. Hence, if we want to gain a fresh and uncaged look upon reality, rather than conforming to the uncritical state of conventional sciences, we may have to radicalize their approach to the point where they have to reveal their own presuppositions and restricted validity.

Theory of medicine

To summarize the results of an analysis of some modern sciences, such as quantum physics, epistemology, and history of science, (that can be read up in the published full version of this paper), it seems clear today that naïve realism, materialism, and objectivism, as they are still

utilized in conventional medicine, are untenable and anachronistic.

The theory of medicine, on the other hand, has suggested progressive dynamic models of man, such as the biopsychosocial model, which outstrips the conventional mechanistic approach and suggests a functional, cybernetic, and semiotic understanding of the patient in his environment. By means of this model, the practice of homeopathy may be represented and explained in a scientific way, without being hampered by conventional materialistic objections.

However, this most advanced and scientific view of man is nothing like as well known and widespread in the medical community as the conventional, comparatively trivial, materialistic one. To answer this second paradox, we have to leave the medical and the natural sciences for a moment and consider the social sciences, the so-called humanities, as well.

Socio-economics

From the perspective of sociology, humans are social beings, i.e. they associate and socialize, building up societies – in a specific way. A critical insight here is the mutual interdependence between individual subjects and society as a whole. Since a society is not an aggregation of material things, but the result of mental processes of meaning, performed both individually and collectively, its form and existence depend on its own reconstruction process by its subjects, who in turn are constituted and influenced by an incessant collective construction and upholding of meanings.

An example from communication science may make this point a bit clearer. From a critical perspective, language

appears to be a social phenomenon. It needs intersubjectivity, i.e. dialogue partners, and cannot be created or developed by a solipsistic person on a lonely island. Even an hermit can only converse with himself or with his God, if he has learned to speak in a social framework before: in contact with his mother, family, friends, or colleagues. We are actually born into our language, it is first and we (as its speakers) are second. That way, it constitutes us as native speakers of German (as in my and HAHNEMANN'S case), or of English, Hindi, etc. Language is a process of meaning, whose actuality depends on the performance and participation of its speakers.

[[2] On the other hand, to understand what language is, one cannot approach it from outside, from an allegedly neutral position, but one has to participate.

Applied to homeopathy, these intermediate results from critical social sciences suggest the conclusion that analogously there can be no way to understand homeopathy without participation, i.e. without truly practicing it. Nevertheless, when language, science, and homeopathy are social processes of meaning, the questions arise: What kind of meaning is being processed, and in what mode and manner?

At first glance, economic science does not seem to have anything to do with this issue, but taking a deeper look, it turns out that economy has a tremendous impact on virtually every realm of our lives, from the way we view ourselves to the way we run our sciences.

From a critical perspective, it turns out that money is not a thing, a substance, or anything owning an intrinsic value, but just a form of thinking, a mode by means of which people socialize in modern capitalistic societies. Just as we always find ourselves in the midst of the language spoken

in our country, we always find ourselves in the midst of a specific form of thinking in terms of money. As we cannot learn to speak without participating and thus accepting the language spoken in our infant environment, our mother tongue, we also cannot learn to think and calculate without participating and accepting the logic of money as the origin of our basic logical categories.

Together with the insights of critical sociology, theory of science, constructivism, etc., this means, that our view of the world in which we live is mainly constituted by our thinking in terms of money, since all our thought processes have ever since been infiltrated with money as a form of thinking. It is only because money is nothing more than an abstract form of thinking, that it can actually transform everything it touches into a commodity. Contrary to living beings or physical goods, however, money is free of any qualitative attributes, it is bare abstract quantity, yet can be augmented by smart trading, but also by means of interest. While natural resources cannot be infinitely proliferated, money can or, at least, has the inherent temptation to do so.

Hence, in capitalist civilizations the basic intention pervading all realms of life and culture, the utmost incentive, end, and merit is the turnover and multiplication of money, called economic growth. To that aim, everything and everybody has to be considered to be a means for financial gain. That is why physicians, as well as pharmaceutical companies (if they like it or not), have to use patients as a means to make money, why scientists (if they like it or not) have to deliver results that meet the expectations of their sponsors, and why needs for new products are incessantly created by advertising targeted at the acquisition of new customers. In fact, the gross domestic product, i.e. the grade of monetization of as many

areas of life as possible, is considered an indicator of the standard of living in a country. The gross domestic product, however, is only a quantitative measurement, ignoring all the qualitative dimensions life may have.

History

The predominance of money, however, is not inevitable and is not an anthropological constant or similar. The science of history can show that this has not always been the case, at least not to this extreme degree. By means of a comparative approach, involving the history of economics as well, it becomes obvious, how many profound and dramatic cultural and scientific changes had occurred in strict correlation with the rise of modern monetary thinking during the last centuries, up to the present.

Roughly speaking, during the Middle Ages agriculture and subsistence economy prevailed and money, in the form of gold or silver coins, played no prominent role, except at the courts of dukes and kings. The majority of people lived, worked, ate and drank and helped each other mainly without interposing money or financial calculation upon their actions. The sick [3] and invalid were cared for in their families or in hospices of fraternities or monasteries, and healers were paid in kind.

As soon as the first stock markets were founded and bank notes printed, however, a hitherto unknown disquietness, agitation, and dynamic emerged, aroused by the incentive to proliferate money and wealth by establishing new trade connections. This resulted in the discovery and conquest of new continents, colonization and slavery, as well as exploitation and contamination of nature.

It was in the wake of these fundamental changes of living, striving, and judging, triggered by the new status of

money as the predominate form of thinking, that the modern natural sciences emerged, by means of an explicit emancipation from traditional teleological thinking. Since FRANCIS BACON, in the 17th century, the basic attitude of modern scientists towards nature is no longer respect and the wish to live in harmony with her, but the temptation to prise out her secrets (with screws and clamps) and control her, because money can be made with inventions based on knowledge gained in that fashion. Quantification, mathematization, standardization, reproducibility, materialism, positivism, reductionism, etc., i.e. concepts on which conventional modern science, and from the 19th century, conventional modern medicine are essentially founded, would not make sense without the context of the socialization process in terms of money in modern capitalistic societies. To indigenous cultures, these concepts must seem absurd.

Another side effect of the dominance of money, as a form of thinking, was the acceleration and concentration of all activities in life. This can be shown in cultural studies, provided they are done critically. After the medieval ban on usury (gombeen) was eroded and finally abandoned, as a factor for earning (or loosing) money by means of interest, the significance of time rose tremendously in public awareness. Eventually, time was actually equated with money. Clocks and watches became omnipresent, physiological time was replaced by chronometry, and clockworks became the paradigm for any kind of scientific mechanism. Besides space, time can also be, and in fact has been, exploited by charging it with ever new opportunities to make money. This kind of time compression, known under the euphemism “multitasking”, is a direct outcome of the dominance of money in capitalist

civilizations. Meanwhile, its undesirable effects have also reached medical schools and medical offices.

To bring all these insights from different sciences together to a uniform conclusion, we might say that in the modern age, especially during the last 200 years, the process of socialization in terms of money in capitalistic civilizations has tremendously transformed all realms and dimensions of life, including the sciences, in a way that only material things and quantitative, exploitable relations seem to be accepted as real, while everything else is being neglected, for example qualities, values, or processes of meaning, which are intangible by these categories.

This is the reason why within conventional medicine the biopsychosocial model of man has no chance to play a significant role and why homeopathy is still assessed from a mechanistic background only, by means of statistics and material measurements.

Having affirmed this, as a third paradox the question arises, how it is at all possible both to recognize and to free oneself of this all-embracing influence, if it really has infiltrated everybody's mind and logic.

Homeopathy

At this point, the history of homeopathy may provide the crucial key. To be sure, any investigation about the essence of homeopathy has to consider its founder, SAMUEL HAHNEMANN, and his own method of healing.

In contrast, conventional modern medicine is ahistorical and non-personal, constituted during the last two centuries by a variety of socio-economic conditions, incentives, and | [4] interests, and can be practiced without knowing anyone of its historic protagonists by name or character.

In comparison, homeopaths practice a system of medicine which was founded by a single human being, who lived an exemplary moral life, free of conflicting interests, or the like. So, homeopaths have a direct human paradigm to follow in terms of righteousness, trustworthiness, and uncompromising quest for truth.

HAHNEMANN actually lived before the tremendous impact of rationalization in terms of money had infiltrated all societies, cultures, and sciences, especially modern medicine. At present everybody is socialized from infancy to a way of thinking whose function is to ensure the expansion of money markets rather than to find anything like truth. When conventional medical doctors today are advised by non-medical officials, such as laboratory engineers, pharmacists, attorneys, economists, politicians, etc., what to do and what to prescribe, their decisions are almost completely remote-controlled by monetary interests.

As a counterweight, homeopaths can still learn from HAHNEMANN, how it was and how it would be when a doctor dares to think and act on his own account, vouching with his conscience and faith, while thus largely immunizing themselves to modern forms of thinking in terms of money and monetizing.

The homeopathic method, on the other hand, provides a powerful corrective for all those whose minds are infiltrated and dominated by money as a form of thinking. All the more homeopaths, knowing that by means of the principle of similars true healings can be accomplished, should be well-disposed to avail themselves of this method, to heal themselves from miasms of any kind, including mental ones.

Eventually, the approach I have presented in this paper, may prove to be homeopathic in a broad sense, resembling

the Buddhist or Hindu approach of reducing illusions rather than the causal-analytic one of conventional modern medicine. It rests on the assumption that the late-borne children of a late capitalist era have to start thinking with bewildered minds anyway, just in analogy to psoric patients whose life-force is said to be deranged. If, according to HAHNEMANN (in a preface to 'Chronic Diseases', 1838), the deranged life-force faces its enemy in the form of a slightly enlarged image, i.e. as potentized remedy, it will be restored, will raise its energy, and defeat the miasm. Instead of being dominated any more, it will regain its sovereignty.

Analogously, modern subjects of heteronomy would have to detect their mental miasms, such as thinking in the form of money, and face them, in a condensed form, i.e. brought to the point, and in an uncompromising way, in order to get the chance to rid themselves of them, thus clearing their minds.

If this happens, the homeopath will finally be able to also free homeopathy from parasitic economic interests and capitalist schemes, such as incessantly introducing new competing schools, evaluation tools, and marketing strategies, and realize – on a conscious and scientific level – that homeopathy could also be perfectly practiced in subsistence economies, without significant monetary transactions on the market.

Conclusion

In conclusion, being true to HAHNEMANN may have more challenging consequences than just prescribing homeopathic remedies.

First of all, his righteous and strong character may inspire his followers to dare to think freely and

independently.

Secondly, a comprehensive interpretation of his principle of similars may lead them to an extensive study – by means of all modern sciences – of the conditions which are limiting and distorting their free and faithful thinking and acting.

[[5] And thirdly, if they finally recognize them and get rid of them, they free themselves as well as homeopathy, whose core has been unsettled by monetary influences in the past in an exponentially increasing way.

As a coherent side-effect, the true Hahnemannian will thus embark on a way leading to the ultimate challenge of life which in ancient Greek philosophy was called: “*gnothi seauton*” (know yourself), corresponding to what in Vedantic Upanishads is considered the utmost wisdom: to realize “*tat twam asi*” (that is you).

New approaches within the history and theory of medicine and its relevance for homeopathy

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Introduction

[[454] Since its founding by HAHNEMANN some two hundred years ago, homeopathy has accomplished many impressive achievements, such as innumerable curing of diseases, individually as well as in epidemics, popularity among millions of patients all over the world, political successes, professionalization and institutionalization, and scientific research, from case studies and clinical trials to basic laboratory research. Nevertheless, recognition and full appreciation by conventional medicine is still lacking.

How can this paradox be explained, how can it be resolved? The thesis I am suggesting in my presentation is that conventional medicine's rejection of homeopathy's claim of being a scientific medicine stems mainly from an inaccurate understanding of the scope, prospects, and limits of science and its appropriate status in our lives. On the other hand, if we actually take the sciences as tools for cognition and practice, rather than as authorities forcing us to subdue ourselves under an all-embracing world-view that they are supporting, and if we radicalize their approach to the point where they have to reveal their own presuppositions and restricted validity, we may regain a fresh and uncaged look upon reality.

Theory of medicine

Let us start with the most certain and undisputed fact among homeopaths. Homeopaths are practicing homeopathy, are they not? But what does this mean, what are they actually doing?

The usual answer given by conventional medicine, the science closest and yet most uncomprehending towards homeopathy, reads like this: homeopaths are not using material medical substances, but ultramolecular dilutions instead, they do not prescribe according to conventional diagnoses based on objectifying technologies, but according to subjective complaints and patients' idiosyncrasies, and instead of trying to remove material causes of diseases, they treat according to the principle of similars, which cannot be considered scientific. Since clinical trials conforming with the gold standards of evidence based medicine, such as randomized double-blind studies, generally do not show a significant difference between homeopathic treatment and placebo therapy, conventional medical science simply concludes that homeopaths are practicing placebo therapy.

This statement, however, cannot be considered scientific, as long as it conceals its own presuppositions and limiting framework. Correctly stated it should read: Under the premise of materialism and the quantitative statistical method, neither homeopathy nor placebo therapy can adequately be assessed and understood, because obviously they are phenomena escaping the conventional set of scientific categories.

This rebuke of ungrounded claims and pretensions by conventional medicine, however, should not be misunderstood as a refusal of the modern scientific method at large. The method of systematic observation, measurement, and experiment, and the formulation, testing, and modification of hypotheses, as it is successfully

performed in physics, chemistry, as well as in medicine, proves to be very efficient and nobody would like to abandon their achievements. The only, but crucial problem is that these positives become undermined by a dark and threatening side for humanity, when its instrumental function is forgotten and the whole world, including our lives, would be considered to be nothing more than what scientists can measure and show us on their tables.

In quantum physics, the most sophisticated and consistent branch of natural sciences, the scientific approach has long ago arrived at the point where the basic assumptions of modern sciences, their naive realism, objectivism, and materialism, have proved to be untenable. Instead of still hoping to find out whether „reality“ essentially consists of particles or waves, scientists can show that the act of measurement, rather than detecting allegedly objective entities, leads to a collapse of the system as a whole and constitutes and fixes not more than a man-made image of the world. If the scientist asks nature particle questions, she provides him with particle data, if he asks wave questions, her wave responses will induce him to create a wave-based view of the world, etc.

[[455] The same scientific insight, relativizing conventional science and putting it in its proper place, can be found in modern biology, in the form of radical constructivism. Perception is no longer deemed a passive reception of data coming to us through the senses from an allegedly objective world outside, but rather a reconstruction process run by the subject, depending on its disposition, interest, history, etc. Accordingly, dogmatic concepts, such as truth, reality, or objectivity, are replaced here by the pragmatic criterion of viability, i.e. the test, if an idea or conception actually works in practice or not.

Modern theory of science addresses these issues in a more general but equally uncompromising way. While positivism, critical rationalism (POPPER), and general constraints of methodology have been effectively refuted (FEYERABEND), in mathematics, for example, the establishment of the incompleteness theorems demonstrated the inherent limitation of all axiomatic systems (GOEDEL), and within philosophical logic it could be shown that any science rests on presuppositions that cannot rationally be derived by itself (COLLINGWOOD). Pioneered by the elaboration of „thought styles“ and „thought collectives“ underlying any so-called scientific fact (FLECK), in epistemology today it is widely accepted that science is basically a social process, operating successfully within the scope of certain paradigms, which, however, have no absolute validity but can be and in fact were changed from time to time, as can be shown in the history of science (KUHN).

Theory of medicine, inspired by these insights, has emerged and developed significantly during the second half of the 20th century. Contrary to the conventional assessment of medicine as nothing but an applied natural science, it has now become cogent that medicine has to be considered as a practical science in its own right, corresponding to the traditional concept of an art of healing. Since medicine is primarily centered around the assignment of the physician to help the patient, i.e. around his duty to act or to give advice, acquisition of knowledge can never be a detached goal in itself, but has a secondary status, as a means to facilitate the primary aim of beneficent action.

Apart from the analysis of its current status, modern theory of medicine has also developed concrete models to broaden its approach, and the comprehension of its

genuine object, the human being. To that end the suggestion has been made to introduce the concept of subjectivity, i.e. the human subject, into medicine (WEIZSÄCKER). Along these new lines of thinking, the biopsychosocial model of man (UEXKÜLL) was expounded as a possibility to perceive and to treat the patient as a unity of physiological, mental, and social levels of existence, as well as of a human subject and his individual environment. Contrary to the conventional reification of man as a mechanistic physico-chemical machine, here, life, illness, and healing of the patient are understood in terms of processes of meaning, functional cycles, situational cycles (as I explained in my paper presented at the European Congress of Homeopathy, in Riga, Latvia, in May of this year).

By means of this dynamic model of man, which today in the science of theory of medicine is considered to be one of the most sophisticated and consistent, the practice of homeopaths may be described and understood in a most suitable and illuminative way. Instead of taking material entities, such as human bodies, diseased organs, and medical substances, as a basis of thinking, the functional, cybernetic, and semiotic approach to the phenomena of the living, advocated here, can acknowledge patients as living beings constructing their world and actual state by their performance of attributing and processing meaning. For example, when the patient is in a state requiring a certain remedy, the physician, having figured out this need by means of a semiotic interpretation of his symptoms, offers that remedy and the patient, by performing a functional cycle of processing the remedy's information, ultimately cures himself. Thus, not the remedy heals the patient, but the patient himself (by means of the remedy), because he is the only living actor in this process. And it is not the

disease or the symptoms that determine the right remedy, but the physician, because acts, such as finding and choosing a remedy, can only be accomplished by a living being.

The most striking difference of this sound and up-to-date model of man, in comparison to the conventional materialistic one, is that it can represent and explain what homeopaths are doing in a scientific way, yet without being handicapped by materialistic objections and skepticism. When processes of meaning are primary in the world of the living, it appears to be absolutely secondary whether information perceived and processed by a sick patient is physical, chemical, or virtual, as long as it exactly represents the meaning upon which the patient is fixated in his current state or process. In addition, the terms and concepts suggested by the biopsychosocial model might provide a valuable tool for homeopaths to scientifically clarify and specify their own understanding.

History of medicine

But how is it that this most advanced and scientific view of man is nothing like as well known and widespread in the medical community as the conventional, comparatively trivial, materialistic one? To answer this second paradox, we have to leave the medical and the natural sciences for a moment and consider the social and moral sciences, the so-called humanities, as well.

From the perspective of sociology, humans are social beings, i.e. they associate and socialize, building up societies – in a specific way. While conventional sociology naively used to examine societies, as if they were neutral objects of research for independent [456] scientific observers, new and critical approaches are stressing the

mutual interdependence between individual subjects and society as a whole. Since a society is not an aggregation of material things, but the result of mental processes of meaning, performed both individually and collectively, its form and existence depend on its own reconstruction process by its subjects, who in turn are constituted and influenced by an incessant collective construction and upholding of meanings.

An example from communication science may make this point a bit clearer. Exceeding the conventional linguistic approach with its analyses of words and phrases, as if they were objective entities, from an advanced critical perspective, language appears to be a social phenomenon. It needs intersubjectivity, i.e. dialogue partners, and cannot be created or developed by a solipsistic person on a lonely island. Even a hermit can only converse with himself or with his God, if he has learned to speak in a social framework before: in contact with his mother, family, friends, or colleagues. We are actually born into our language, it is first and we are second. That way, it constitutes us as native speakers of German (as in my and HAHNEMANN'S case), or of English, Hindi, etc. Language is a process of meaning, whose actuality depends on the performance and participation of its speakers. On the other hand, to understand what language is, one cannot approach it from outside, from an allegedly neutral position, but one has to participate.

Applied to homeopathy, these intermediate results from critical social sciences suggest the conclusion that analogously there can be no way to understand homeopathy without participation, i.e. without truly practicing it. Nevertheless, when language, science, and homeopathy are social processes of meaning, the questions

arise: What kind of meaning is being processed, and in what mode and manner?

At first glance, economic science does not seem to have anything to do with this issue, but taking a deeper look, it turns out that economy has a tremendous impact on virtually every realm of our lives, from the way we view ourselves to the way we run our sciences.

Conventional economics, as it is taught at universities and business schools, claims to explain economy in terms of scarcity of goods, practical constraints, and money as a medium for exchange, as if commodities, salesmen, and markets have been existing ever since. Egoistic self-interest of people is not scrutinized, but presupposed and thus sanctioned, while economic problems are examined and treated in a way an engineer would analyze and fix a machinery running independently of himself. To be sure, this seemingly objectivistic view serves as a plea for the freedom of the market, as well as does the ideology first suggested by ADAM SMITH in the 18th century, that a kind of invisible hand would transform the results of selfish economic players into the wealth of nations. Meanwhile, however, financial and economic crises all over the world have sufficiently shown that this is not the case.

Trying to get to the bottom of the issue, however, it turns out that money is not a thing, a substance, or anything owning an intrinsic value, but just a form of thinking, a mode by means of which people socialize in modern capitalistic societies. Just as we always find ourselves in the midst of the language spoken in our country, we always find ourselves in the midst of a specific form of thinking in terms of money. As we cannot learn to speak without participating and thus accepting the language spoken in our infant environment, our mother tongue, we also cannot learn to think and calculate without participating and

accepting the logic of money as the origin of our basic logical categories.

Together with the insights of critical sociology, theory of science, constructivism, etc., this means, that our view of the world in which we live is mainly constituted by our thinking in terms of money, since all our thought processes have ever since been infiltrated with money as a form of thinking. It is only because money is nothing more than an abstract form of thinking, that it can actually transform everything it touches into a commodity. Contrary to living beings or physical goods, however, money is free of any qualitative attributes, it is bare abstract quantity, yet can be augmented by smart trading, but also by means of interest. While natural resources cannot be infinitely proliferated, money can or, at least, has the inherent tendency to do so.

Hence, in capitalist civilizations the basic intention pervading all realms of life and culture, the utmost incentive, end, and merit is the turnover and multiplication of money, called economic growth. To that aim, everything and everybody has to be considered to be a means for financial gain. That is why physicians, as well as pharmaceutical companies (if they like it or not), have to use patients as a means to make money, why scientists (if they like it or not) have to deliver results that meet the expectations of their sponsors, and why needs for new products are incessantly created by advertising targeted at the acquisition of new customers. In fact, the gross domestic product, i.e. the grade of monetization of as many areas of life as possible, is considered an indicator of the standard of living in that country. The gross domestic product, however, is only a quantitative measurement, ignoring all the qualitative dimensions life may have.

The predominance of money, however, is not inevitable and is not an anthropological constant or similar. The science of history can show that this was not always the case, at least not to this extreme degree. In conventional historiography, as a rule, [[457] greediness for money is imputed to all epochs likewise or ignored entirely. By means of a comparative approach, however, involving the history of economics as well, it becomes obvious, how many profound and dramatic cultural and scientific changes had occurred in strict correlation with the rise of modern monetary thinking during the 20th centuries, up to the present.

Roughly speaking, during the Middle Ages agriculture and subsistence economy prevailed and money, in the form of gold or silver coins, played no prominent role, except at the courts of dukes and kings. The majority of people lived, worked, ate and drank and helped each other mainly without interposing money or financial calculation upon their actions. The sick and invalid were cared for in their families or in hospices of fraternities or monasteries, and healers were payed in kind. As soon as the first stock markets were founded and bank notes printed, however, a hitherto unknown disquietness, agitation, and dynamic emerged, aroused by the incentive to proliferate money and wealth by establishing new trade connections. This resulted in the discovery and conquest of new continents, colonization and slavery, as well as exploitation and contamination of nature.

It was in the wake of these fundamental changes of living, striving, and judging, triggered by the new status of money as the predominate form of thinking, that the modern natural sciences emerged, by means of an explicit emancipation from traditional teleological thinking. Since FRANCIS BACON, in the 17th century, the basic attitude of

modern scientists towards nature is no longer respect and the wish to live in harmony with her, but the temptation to prise out her secrets (with screws and clams) and control her, because money can be made with inventions based on knowledge gained in that fashion. Quantification, mathematization, standardization, reproducibility, materialism, positivism, reductionism, etc., i.e. concepts on which conventional modern science, and from the 19th century, conventional modern medicine are essentially founded, would not make sense without the context of the socialization process in terms of money in modern capitalistic societies. To indigenous cultures, these concepts must seem absurd.

Another side effect of the dominance of money, as a form of thinking, was the acceleration and concentration of all activities in life. This can be shown in cultural studies, provided they are done critically. After the medieval ban on usury (gombeen) was eroded and finally abandoned, as a factor for earning (or loosing) money by means of interest, the significance of time rose tremendously in public awareness. Eventually, time was actually equated with money. Clocks and watches became omnipresent, physiological time was replaced by chronometry, and clockworks became the paradigm for any kind of scientific mechanism. Besides space, time can also be, and in fact has been, exploited by charging it with ever new opportunities to make money. In a civilization, where consumers are widely saturated with durable material goods, such as refrigerators, cars, or TVs, markets increasingly prompt people to consume ever more in ever less time. For example, simultaneously talking on the phone, using one's computer, listening to the radio, reading a newspaper, having a coffee, etc. This kind of time compression, known under the euphemism „multitasking“,

is a direct outcome of the dominance of money in capitalist civilizations. Meanwhile, its undesirable effects have also reached medical schools and medical offices.

Not even the science of philosophy, i.e. the self-reflection of the mind, is free from the impact of money as a form of thinking. Transcending conventional philosophy as nothing but a history of philosophers, a critical radicalized approach may discover that the term „ratio“ derives from the financial accounting of the merchants of the Roman empire. With this insight, however, the concept of rationalism, with its corollaries, such as enlightenment, progress, emancipation, etc., may appear in a new light. To speak of progress, for example, one has to know, where to go or, at least, what is good. In a world dominated by money as the prevailing form of thinking, however, the only answer would be: good is what results in economic growth. Other dimensions of life would be missed. Since the 19th century, philosophers were increasingly taken in by concepts of dynamics, progression, enhancement, etc., without realizing their own status as subjects (media) of the spirit of the age rather than creators of new philosophies.

Also the modern concept of autonomy eventually turns out to be a delusion of the modern subject, which was constituted when RENÉ DESCARTES, in the 17th century, coined the formula „*ego cogito, ergo sum*“ (I think, hence, I am). At a time, when people started to pin their hopes on money rather than on their personal relations with fellow human beings, with the first stock market crashes, the faith in the abstract value of money was always mixed with fear of loss. This existential doubt, pervading modern times in an ever increasing manner, was RENÉ DESCARTES' starting point. His conclusion, however, the alleged certainty of his subjectivity, was self-deception, as his imaginary

autonomous ego was still dependent on social processes, such as speaking, thinking in terms of money, and calculating. In fact, the concept of an abstract subject thrown back on itself is the very result of a general thinking process in terms of money and its uncertainty.

Even the science of ethics is infiltrated by rationality in terms of monetary thinking. From the 18th century, for example, in utilitarianism it has been argued that an action is ethical when it maximizes the overall good of the greatest number of individuals. From the 19th century, in Social Darwinism the fact of struggle for existence, as observed at capitalist markets, was attributed to the animal kingdom, to finally deduce it from there and thus justify unsocial policies. According to modern ethics [[458] committees, in critical situations the interests of all players (economic, financial, social, familial interests) are to be negotiated according to the paradigm of bargain at the marketplace. In such a framework, however, human dimensions, such as love, faith, duty, guilt, shame, virtues, etc. can only be perceived as factors among others and thus misunderstood and devaluated.

Finally, also in theology we can see the global development being reflected. The Christian conceptualization of God as an eternal, unchangeable substance or essence was perfectly plausible (up to the Middle Ages) as long as life on earth conformed and corresponded to it. After economic falls of grace, such as the selling of indulgences, and reformation, i.e. rationalization of religion, in the wake of industrialization and acceleration of life, contemplation was lost and competing individual interests required a new civic moral, including strategies to survive on merciless markets, such as canting and pretending. The concept of truth, and with it its warrantor God, was thus challenged and ultimately

abandoned. FRIEDRICH NIETZSCHE, the seismograph of bourgeois mendacity and prophet of the dawning nihilism in the 19th century, cried out the gruesome diagnosis: „God is dead and we have killed him!“

To bring all these insights from different sciences together to a uniform conclusion, we might say that in the modern age, especially during the last 200 years, the process of socialization in terms of money in capitalistic civilizations has tremendously transformed all realms and dimensions of life, including the sciences, in a way that only material things and quantitative, exploitable relations seem to be accepted as real, while everything else is being neglected, for example qualities, values, or processes of meaning, which are intangible by these categories. This is the reason why within conventional medicine the biopsychsocial model of man has no chance to play a significant role and why homeopathy is still assessed from a mechanistic background only, by means of statistics and material measurements.

Homeopathy

Having affirmed this, as a third paradox the question arises, how it is at all possible both to recognize and to free oneself of this all-embracing influence, if it really has infiltrated everybody's mind and logic.

At this point, today's homeopaths are being challenged to ask themselves the question: „What does it mean for me to practice homeopathy?“ As a matter of fact, it is from this issue that most essential questions may arise, such as: „What am I doing?“, and: „Who am I?“ Here the history of homeopathy may provide the crucial key. To be sure, any investigation about the essence of homeopathy has to consider its founder, SAMUEL HAHNEMANN, and his own

method of healing. In contrast, conventional modern medicine is ahistorical, constituted, as has been shown, during the last two centuries by a variety of socio-economic conditions, incentives, and interests, and can be practiced without the need of knowing anyone of its historic protagonists by name or character. In comparison, homeopaths practice a system of medicine which was founded by a single human being – not only of flesh and blood, but also with a soul and a spirit. This difference can hardly be overestimated.

In antiquity, the awareness of this difference was still present. ARISTOTLE'S answer to the question „What is virtuous?“ was: „What a virtuous man is doing!“, thus referring to the actual practice of a concrete human being, instead of risking being misled by language, logic, and other fallacies when trying to give an abstract definition. In homeopathy, homeopaths do have a human paradigm who, apart from founding a specific method of healing, lived an exemplary moral life and, what is even more valuable today, still lived before the tremendous impact of rationalization in terms of money had infiltrated all societies, cultures, and sciences, especially modern medicine. While at present everybody is socialized from infancy to a way of thinking whose function is to ensure the expansion of money markets rather than to find anything like truth, delving into HAHNEMANN'S life and work may take the student back to a bygone time and to a personality rarely found nowadays.

Of course, HAHNEMANN was not a saint. As a man born at the interface of two unequal epochs, he was torn between a conservative metaphysical belief in God, truth, morality, providence, unprejudiced observation, etc., and progressive scientific ambitions to found a rational method of therapeutics, with a vision of healing disease with mathematical certainty. After initial exuberances, however,

from 1819 he came back to a well-balanced concept, the art of healing (as I explained in my paper at the Liga congress last year in Los Angeles, California, USA). At the same time, he noticed that an increasing number of the population were not healthy any more, but were in fact in a state of chronic disease. In 1828 he interpreted these observations as infections with a chronic miasm: psora, sycosis, or syphilis. Interestingly, this was the time when the unhealthy effects of industrialization, monetizing, acceleration, etc. were increasingly felt in Saxony (Leipzig, Koethen) as well.

Certainly, the notions and concepts of which HAHNEMANN could avail himself in this day were limited. But obviously he did his very best to apply them with the aim to advance medical science. In fact, he considered his life's work as „service at the altar of truth“ (as he put it). To be sure, without HAHNEMANN'S noble-minded attitude and his high estimation of humanity homeopathy would not have been founded. Hence, homeopaths have a direct human paradigm to follow in terms of righteousness, trustworthiness, and uncompromising quest for truth. When conventional medical doctors today are advised by non-medical [[459] officials, such as laboratory engineers, pharmacists, attorneys, economists, politicians, etc., what to do and what to prescribe, their decisions are almost completely remote-controlled by monetary interests. As a counterweight, homeopaths can still learn from HAHNEMANN, how it was and how it would be when a doctor dares to think and act on his own account, vouching with his conscience and faith, while thus largely immunizing himself to modern forms of thinking in terms of money and monetizing.

The homeopathic method, on the other hand, provides a powerful corrective for all those whose minds are

infiltrated and dominated by money as a form of thinking. All the more homeopaths, knowing that by means of the principle of similars true healings can be accomplished, should be well-disposed to avail themselves of this method, to heal themselves from miasms of any kind, including mental ones.

Eventually, the approach I have presented in this paper, may prove to be homeopathic in a broad sense, resembling the Buddhist or Hindu approach of reducing illusions rather than the causal-analytic one of conventional modern medicine. It rests on the assumption that the late-borne children of a late capitalist era have to start thinking with bewildered minds anyway, just in analogy to psoric patients whose life-force is said to be deranged. If, according to HAHNEMANN (in a preface to 'Chronic Diseases', 1838), the deranged life-force faces its enemy in the form of a slightly enlarged image, i.e. as potentized remedy, it will be restored, will raise its energy, and the miasm will be defeated. Instead of being dominated any more, it will regain its sovereignty.

Analogously, modern subjects of heteronomy would have to detect their mental miasms, such as thinking in the form of money, and face them, in a condensed form, i.e. brought to the point, and in an uncompromising way, in order to get the chance to rid themselves of them, thus clearing their minds. If this happens, the homeopath will finally be able to also free homeopathy from parasitic economic interests and capitalist schemes, such as incessantly introducing new competing schools, evaluation tools, and marketing strategies, and realize – on a conscious and scientific level – that homeopathy could also be perfectly practiced in subsistence economies, without significant monetary transactions on the market.

Conclusion

In conclusion, being true to HAHNEMANN may have more challenging consequences than just prescribing homeopathic remedies. First of all, his righteous and strong character may inspire his followers to dare to think freely and independently. Secondly, a comprehensive interpretation of his principle of similars may lead them to an extensive study – by means of all modern sciences – of the conditions which are limiting and distorting their free and faithful thinking and acting. And thirdly, if they finally recognize them and get rid of them, they free themselves as well as homeopathy, whose core has been unsettled by monetary influences in the past in an exponentially increasing way. As a coherent side-effect, the true Hahnemannian will thus embark on a way leading to the ultimate challenge of life which in ancient Greek philosophy was called: “*gnothi seauton*” (know yourself), corresponding to what in Vedantic Upanishads is considered the utmost wisdom: to realize “*tat twam asi*” (that is you).

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Annotations

Annotations

[1]

UNSCHULD has written about this fundamental difference between the Western and Asian history of science. See UNSCHULD (1989).

[2]

MOLESWORTH (1962), p. 13.

[3]

See de LAMETTRIE'S book of that title. 1748.

[4]

DAWKINS (1976), p. 132.

[5]

Ibid., pp. 207 f.

[6]

For further criteria to distinguish homoeopathic drug action from *placebo* effect, see BRAUN (1983), p. 199.

[7]

HAHNEMANN'S autobiography, quoted in SCHMIDT (1990), p. 9.

[8]

HAHNEMANN became a 1st-degree member of 'St Andreas [[296] zu den drei Seeblättern' Freemasons' Lodge. See HAEHL (1922). English edition transl. by M.L. WHEELER (1927), p. 10. HOEDE, himself a Freemason, considered this event to have no significance for HAHNEMANN'S life and work, however. See HOEDE (1968), pp. 25 & 29.

[9]

Concerning the life and work of HAHNEMANN, see above all TISCHNER (1934 & 1959).

[10]

For details on the quotes that follow, see the chapter 'Mensch' and Part I in SCHMIDT (1990).

[11]

SCHMIDT (1990, 1990/91 & 1992).

[12]

SCHMIDT (1990, 1990/91 & 1992).

[13]

See ARISTOTLE'S 'Metaphysics', book A, 980 f. If "skill" in this context is seen not as the skill of an artisan (relating to *techne*) in the classical sense, but more or less in terms of "artistic freedom" or the like, in the modern sense of not being bound by recognized rules, some physicians may see this too subjectively and be in danger of seeing themselves as individual "artists", guided by their intuition, and neglecting the proper method of this medical discipline.

[14]

See HEGEL'S 'Phenomenology of the Mind' (transl. 1910) chapter 1. Or the American translation: 'Hegel's Philosophy of Subjective Spirit'. Transl. by J. PETRY. Dordrecht: D. Reidel 1979.

[15]

See SPAEMANN/LÖW (1985), and SCHMIDT (1990 & 1990/91).

[16]

E.g. VITHOULKAS (1986).

[17]

POPP (1983).

[18]

RESCH/GUTMANN (1987).

[19]

See e.g. the works of JAMES TYLER KENT. 'Lectures on Homoeopathic Philosophy'. Lancaster 1900; 'Lesser Writings'. Chicago 1926; 'Aphorisms and Precepts'. Chicago 1897; or his 'Minor Writings'. Ed. by K.H. GYPSER. Heidelberg 1987.

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See footnote 1.

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See e.g. ROBIN LARSEN (ed.). 'Emanuel Swedenborg: A Continuing Vision'. New York 1988.

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KENT J.T. 'Lesser Writings'. Chicago 1926. Indian edn., p. 470.

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KENT J.T. 'Lectures on Homoeopathic Philosophy'. Lancaster 1900, pp. 33-34.

[28]

Ibid., p. 238.

[29]

Ibid., p. 202.

[30]

Ibid., p. 28.

[31]

Ibid., p. 137.

[32]

Ibid., p. 203.

[33]

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[34]

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Ibid., p. 155.

[38]

Ibid., p. 264.

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Ibid., p. 385.

[41]

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[42]

Ibid., p. 181.

[43]

Ibid., p. 62.

[44]

Ibid., p. 47.

[45]

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Ibid., p. 661.

[47]

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[50]

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On the genesis and fundamentals of the homeopathic doctrine see JOSEF M. SCHMIDT: 'Die philosophischen Vorstellungen Samuel Hahnemanns bei der Begründung der Homöopathie: bis zum Organon der rationellen Heilkunde, 1810' (Munich, 1990). See also JOSEF M. SCHMIDT: 'Hahnemann's Concept of Rational Therapeutics: Principles and Problems', Journal of the American Institute of Homeopathy 85 (1992), 81-87.

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Three years before, San Francisco had a population of 459 and only three real doctors, namely, JONES TOWNSEND, VICTOR J. FOURGEAUD, and ELBERT P. JONES. JOHN W. SHUMAN: 'Southern California Medicine (A Review)' (Elliott, 1930), pp. 57-58.

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JACOB VOORSANGER: 'A Few Chapters from the History of the Jews on the Pacific Coast', The Pacific Jewish Annual 1 (1897), 7-37.

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Obituaries of SAMUEL LILIENTHAL (1815–91) can be found in the ‘San Francisco Chronicle’, ‘Daily Evening Bulletin’, ‘The Evening Post’, ‘The Daily Report’, ‘The Examiner’, ‘New York Herald’, ‘Jewish Times Observer’, ‘The Hebrew’, ‘The Chironian’, ‘The Medical [[168] Argus’, ‘The Homoeopathic Physician’, ‘The California Homoeopath’, ‘The Northwest Journal of Homeopathy’, ‘The Homoeopathic Recorder’, ‘North American Journal of Homoeopathy’, ‘The Hahnemannian Monthly’, ‘The Medical Current’, ‘The Homeopathic World’, ‘Monthly Homoeopathic Review’, ‘The Medical Advance’, ‘Southern Journal of Homoeopathy’, ‘The Homeopathic Journal of Obstetrics, Gynecology and Pedology’, ‘The Medical Era’, ‘The Argus’, and ‘Allgemeine Homöopathische Zeitung’. The home of his grandson SAMUEL and his wife ALICE HAAS became a museum and a historical landmark in 1974, known as the ‘Haas-Lilienthal House’ of San Francisco. Visitors today can still view a large portrait of the homeopath SAMUEL LILIENTHAL in the front hallway. Samuel’s brother, MAX LILIENTHAL (1814–82), was a famous American rabbi.

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IRENA NARELL: ‘Our City: The Jews of San Francisco’ (San Diego, 1981), pp. 128-130 & 137-138.

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F. GORDON O’NEILL: ‘Ernest Reuben Lilienthal and his Family: Prepared from Family histories, Documents, and Interviews’ (Palo Alto, 1949), pp. 13-18.

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GEORG H. MARTIN: ‘Remarks upon the Death of Doctor Samuel Lilienthal’, The California Homoeopath 9 (1891), 321-325. MARTIN DESCHERE: ‘In Memoriam: Prof. Samuel Lilienthal’, The Hahnemannian Monthly 26 (1891), 51-53.

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His major literary work is ‘Homoeopathic Therapeutics’, published 1878, which generated many editions and is now being translated into German and edited in five volumes. SAMUEL LILIENTHAL: ‘Handbuch der klinischen Indikationen’, 5 vols. (Ruppichteroth, 1993–).

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The first generation of California's women was forced to be strong, most of them had endured an exhausting overland trail and some had worked alongside their men in the mines, dressed in work pants and flannel shirts. The scarcity of females tended to equalise the role of the sexes for in a society where, even as late as the 1870s, only one out of two men could hope to marry, women had more of a choice of partners than otherwise would have been possible. In 1860 San Francisco had [169] eighty-five divorce suits, over sixty of them initiated by women. NARELL: 'Our City', p. 124.

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MARTIN KAUFMAN: 'The Admission of Women to Nineteenth-Century American Medical Societies', *Bulletin of the History of Medicine* 50 (1976), 251-260.

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HARRIS: 'California's Medical Story', pp. 207-216.

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HARRIS: 'Californias Medical Story', p. 212.

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GLORIA MOLDOW: 'Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization' (Urbana, 1987), pp. 3 & 12.

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ROTHSTEIN: 'American Physicians in the Nineteenth Century'. WILLIAM G. ROTHSTEIN: 'American Medical Schools and the Practice of Medicine: A History' (New York, 1987).

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'Catalogue of Physicians and Surgeons who Have Presented their Diplomas and other Credentials to the Board of Examiners of the Medical Society of the State of California', 3 vols. (San Francisco, 1877-1881).
'Official Register of Physicians and Surgeons in the State of California', 11 vols. (San Francisco, 1885-1899).

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KRISTIN M. MITCHELL: 'Her Preference was to Heal: Women's Choice of Homeopathic Medicine in the Nineteenth-Century United States' (Ph.D. dissertation., Yale University, 1989), pp. 18, 25, & 53-55.

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This account is based on a conversation with FLORENCE EYKSTINE-SENTON (1918-), the granddaughter of FLORENCE WARD, on April 20, 1994, in San Francisco, and on manuscripts, in the possession of the family. See also FRANKLIN H. COOKINHAM: 'In Memoriam', and SARAH HATTON MCAULAY: 'Dr. Florence N. Ward', *Pacific Coast Journal of Homeopathy* 31 (1920), 39-41.

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As I learned from her granddaughter, she was adored and worshipped by her family. Unfortunately, one of FLORENCE's daughters burned all her letters, but she wrote and edited a striking poetic pamphlet that gives a vivid impression of her mother's personality: her tremendous will, her sympathy, her charm, faith, dignity, as well as her greatness of soul. Although, according to the eulogy, her sister had run the household and looked after the children, FLORENCE knew more about her children's minds than many a woman who devotes herself to her family. 'For The Children: That They May Have Knowledge of Their Grandmother Florence Nightingale Ward, M.D.' (San Francisco, 1926).

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See COULTER: 'Divided Legacy', pp. 402-419.

[117]

The pharmaceutical Company of Philadelphia, 'Boericke & Tafel', had branch offices in many cities including San Francisco. The latter was opened in Sutter Street in 1870 and was sold to WILLIAM BOERICKE and E.A. SCHRECK in 1882. After SCHRECK died in 1886, a one-half interest in the business was bought by E.W. RUNYON in 1890, and the pharmacy did business as 'Boericke & Runyon' into the 1950s (JULIAN WINSTON: 'A Brief History of Boericke and Tafel' [manuscript], p. 4). Finally, ARTHUR T. BOERICKE (d. 1972), WILLIAM BOERICKE's youngest son, ran a homeopathic pharmacy at Folsom Street. Another son of WILLIAM BOERICKE, CHARLES C. BOERICKE (?-1965), was a homeopathic practitioner at Berkeley (conversation with JEAN BARNARD [1919-], the granddaughter of WILLIAM BOERICKE, i.e. ARTHUR BOERICKE's niece, in Mill Valley on Febr. 23, 1992). Still another son, GARTH WILKINSON BOERICKE, was the last teacher of homeopathy at 'Hahnemann Medical College' in Philadelphia (WINSTON: 'Brief History of B&T', p. 4).

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THOMAS LINDSLEY BRADFORD: 'Biographical Index of the Graduates of the Homoeopathic Medical College of Pennsylvania and the Hahnemann Medical College and Hospital of Philadelphia' (Philadelphia, 1918), p. 398. The archives of 'Hahnemann University' in Philadelphia keep WILLIAM BOERICKE's handwritten inaugural dissertation on 'The Development of Homoeopathy' (Jan. 20, 1880), which was published later in the first issues of the California Homoeopath 1 (1882), 1-2 and 1 (1883), 19-21.

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See JOSEF M. SCHMIDT: 'Drei Briefe von Richard Haehl an William Boericke aus der Zeit der frühen Weimarer Republik', Medizin, Gesellschaft und Geschichte 11 (1994), 203-218.

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WILLIAM BOERICKE, San Francisco, and FELIX A. BOERICKE, Philadelphia, are recorded on the list of members of the 'Swedenborg Scientific Association' in 'The New Philosophy' 3 (1901), 149 and 9 (1906), 82. FRANCIS E. BOERICKE is listed in 'The New [171] Church Messenger' 82 (1902), 70. The archives of the 'San Francisco Swedenborgian Church' hold the old register of the 'San Francisco Society of the New Jerusalem' (incorporated in 1863). It shows the signatures of WILLIAM BOERICKE (July 7, 1872) and his wife KATE FAY BOERICKE (April 7, 1914) among other Californian homeopaths, such as FLORENCE WARD (Oct. 1, 1876). The 'Constitution and Register of the San Francisco Society of the New Jerusalem', 13, 23, notes that on Dec. 2, 1933, there was a resurrection service for Mrs. WILLIAM FAY BOERICKE, indicating that in those years the family was still adherent to that church. The first church of the New Jerusalem in San Francisco had been erected in 1865, while the actual building was designed in 1895 under the supervision of ARTHUR PAGE BROWN, one of San Francisco's most prominent architects. KEVIN STARR: 'Inventing the Dream: California through the Progressive Era' (New York, 1985), pp. 187-188; 'Consider it Poetry or Architecture', *San Francisco Examiner*, July 25, 1981, A8; MILLIE ROBBINS: 'Saga of the Swedenborgian', *San Francisco Chronicle*, Nov. 10, 1972, 28.

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[129]

WARD: 'Hahnemann Medical College', p. 221.

[130]

'Pacific Coast Journal of Homeopathy' 48 (1937), 270.

[131]

LANGLEY PORTER, dean of the 'University of California Medical School' in 1927-37 and 1939-40, cooperated with JAMES WARD during that period. In 1960 he gave an interview recalling WARD's merit during the plague epidemic in which WARD had assigned him "Communal Diseases"! 'Langley Porter Oral History' (1960), pp. 36-39, 47, & 50, UCSF Library, Special Collections. W.E. CARTER: 'Langley Porter', *The Journal of Pediatrics* 37 (1950), 437-447.

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[137]

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See also VERNE A. STADTMAN: 'The University of California: 1868-1968, A Centennial Publication of the University of California' (New York, 1970), p. 140.

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See JOSEF M. SCHMIDT: 'Die Entwicklung der Homöopathie in den Vereinigten Staaten', *Gesnerus* 51 (1994), 84-100.

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Letter by HERBERT C. MOFFIT [1913-19 Dean, Univ. of Calif., Medical School] to BENJAMIN IDE WHEELER [1899-1919 President, Univ. of Calif.], Sept. 6, 1915. UCB, Archives, President's Files.

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[220]

[[173] In 1992 the homeopathic market was estimated at \$ 100 million. IKENZE (1992). According to the 'National Center for Homeopathy', sales of homeopathic products in the United States increased from \$ 170 million in 1995 to \$ 400 million in 1999. OLLIVIER [[174] (2000). In 2007 the global market for homeopathic medicines was thought to be worth \$ 2 billion which makes up 0.3 % of the world drug market. However, 70 % of all homeopathic drugs are sold in Europe, especially in France (300 million Euros) and Germany (200 million Euros). See http://www.boiron.com/en/htm/01_homeo_aujourdhui/realite_eco_homeo.htm and http://www.homeopathic.org/media/in_the_news.jsp. In Britain the market for homeopathy is growing at around 20 % per year. See

<http://www.homeopathy-soh.org/whats-new/fact-sheets.aspx>. According to 'The Associated Chambers of Commerce and Industry of India', the domestic homeopathy market in India is expected to continue to grow between 25-30 % from Rs. 12.5 billion in 2007 to Rs. 26 billion in 2010. See <http://www.assochem.org/prels/printnews.php?id=1308> (43 Rupies are approximately 1 US \$, Aug. 22, 2008).

[221]

See GROSSINGER (1982), pp. 241-244.

[222]

See <http://nccam.nih.gov/about/appropriations/index.htm>.

[223]

BRADFORD: 'New York' (1905), pp. 60-61; BRADFORD: 'Pennsylvania' (1905), pp. 128-144; SCHÜPPEL (1996).

[224]

[[175] BRADFORD: 'California' (1905); DEWEY (1939), pp. 222-229.

[225]

SCHMIDT (1998).

[226]

HARRIS (1932), pp. 197-199. See also WARD (1926), pp. 3-36; DEWEY (1939), pp. 222, 231-235.

[227]

DEWEY (1939), pp. 219-224.

[228]

Other editors were in 1915-1917 and in 1922 EDGAR H. HOWELL, in 1918-1922 again WILLIAM BOERICKE, in 1923-1924 GUY E. MANNING, in 1925-1926 LEROY H. BALLEY, in 1927-1929 SAMUEL H. PETTLER, and in 1930-1940 CHARLES C. BOERICKE.

[229]

WINSTON (undated), p. 4. See 'Directory' (1941), p. 48.

[230]

[[176] TISCHNER (1998); SCHMIDT (1990).

[231]

DINGES (1996); SCHMIDT (2001); JÜTTE (2006); SCHMIDT: 'Entstehung' (2007).

[232]

Homeopaths expelled from professional societies due to allegiance to their doctrine were considered victims of unfair hostility, persecution, and discrimination. They could play the role of martyrs and arouse public

opinion in their behalf. COULTER (1973), pp. 199-205; SCHMIDT (1996), pp. 104-106.

[233]

See DINGES (1995).

[234]

See ROGERS: 'American Homeopathy' (1998); ROGERS: 'Alternative Path' (1998); ROGERS (2002).

[235]

[[177] KAUFMAN (1971); COULTER (1973); NICHOLLS (1988); SCHMIDT: 'Background' (2007).

[236]

FREDERICK HILLER was born in Berlin in 1820, graduated there in 1840 and emigrated to America as a result of his participation in the revolution in 1848. Shortly after his ar- [[178] rival in New York he was converted to homeopathy. In 1853 he established a well-paying practice in San Francisco and in 1854 the first homeopathic hospital on the Pacific coast in Nevada City, California. In 1862 he moved to Virginia City, Nevada, and in 1870 removed to San Francisco where he established the only successful homeopathic dispensary in that city. In 1872 he attended, in Washington, D.C., the convention of the 'American Institute of Homeopathy', of which he was a member. CLEAVE (1873).

[237]

During bis time in Mexico, Kirkham kept detailed journals of his wartime service, including six battles and accounts of his infantry's travels through Mexico. Published and edited by MILLER (1993). About the life of RALPH W. KIRKHAM who is buried at Mountain View Cemetery, Oakland, California see: <http://mountainviewpeople.blogspot.com/2008/02/general-ralph-kirkham.html>. About the home he lived in with his family see: http://collections.museumca.org/item_detail.jsp?id=224900. He and one of bis daughters are listed in BURKE'S 'Peerage, Baronetage & Knightage', ed. by MOSELEY (2003), p. 790.

[238]

BRADFORD: 'California' (1905), p. 380.

[239]

ADAMS (1910), p. 8.

[240]

[[179] ADAMS (1910), p. 8.

[241]

"Fabiola Hospital has always been managed by a board of women, a woman has always been resident physician, and women have been at the

head of all the different departments in operation in the hospital". ADAMS (1910), p. 8.

[242]

'Oakland Tribune', Oct. 16, 1932.

[243]

For the following account see WARD: 'Hahnemann' (1905) and WARD (1915). WARD's article is based on MANNING (1899). See also HARRIS (1932), pp. 243-246.

[244]

The appeal was published in: 'California Homoeopath' 1 (1883), p. 39.

[245]

Union Square was built in 1850 by Mayor JOHN GEARY and was once used for rallies and support for the 'Union Army' during the Civil War. In 1903 a monument to Admiral GEORG DEWEY was erected there. Today, this one-block plaza is a major tourist draw, a vital, cosmopolitan place in downtown San Francisco, and one of the world's premier shopping districts. See

http://en.wikipedia.org/wiki/Union_Square,_San_Francisco,_California.

[246]

[[180] Union Square district lies roughly between the Financial District and Tenderloin, which has been a downtown residential community since shortly after the Gold Rush in 1849. It had an active nightlife in the late 1800s with many theaters, restaurants and hotels. Today it is a high crime area and one of the lowest income neighborhoods in San Francisco with among the highest concentration of homeless, elderly, disabled, ex-offender and Southeast Asian populations. See

http://en.wikipedia.org/wiki/Tenderloin,_San_Francisco,_California.

[247]

The area is called Hayes Valley and lies between the historical districts of Alamo Square and Civic Center, next to City Hall. Once the Central Freeway ran through the neighborhood until it was closed after the 1989 earthquake and eventually demolished. Today Victorian, Queen Anne, and Edwardian townhouses rub shoulders with boutiques, restaurant, and public housing complexes. See

http://en.wikipedia.org/wiki/Hayes_Valley,_San_Francisco,_California.

[248]

Today 'University of California, Extension Center'.

[249]

UCB, Archives: 'Annual Announcements of the Hahnemann Medical College'. Years 1887 to 1903.

[250]

[[181] In the neighborhood Hayes Valley (see above).

[251]

See also STADTMAN (1970), p. 140.

[252]

[[182] See SCHMIDT (1998), pp. 161-163.

[253]

The neighborhood is part of the Inner Mission District, named after the 'Mission San Francisco de Asis' founded in 1776 and known as "Mission Dolores". It is the oldest building of the city and was never destroyed by any earthquake. After Spanish missionaries had forced the Ohlone Indians who had lived here to flee this area, Mexican and Spanish ranchers and, later in the 19th and 20th century, large numbers of Irish and German immigrant workers moved there. Today the neighborhood is ethnically and economically diverse, with a population that is half Latino, a third White, and eleven percent Asian. See

http://en.wikipedia.org/wiki/Mission_District,_San_Francisco,_California. [[183]

[254]

UCB, Archives: 'Fifteenth Annual Announcement of the Hahnemann Hospital College of San Francisco, Session 1897-1898'. San Francisco 1897, p. 27.

[255]

The street is close to the University of San Francisco. The area is called North of the Panhandle, since it lies north of the long and narrow park that forms a panhandle with Golden Gate Park. It is part of the Western Addition District which was an addition to the city west of Van Ness Avenue and was first developed around the turn of the 20th century as a middle-class suburb served by cable cars. After the Second World War parts of the neighborhood suffered from crime and poverty while many other districts underwent significant gentrification. Today, many areas of the neighborhood are again solidly middle-class. See [http://en.wikipedia.org/wiki/Panhandle_\(San_Francisco\)](http://en.wikipedia.org/wiki/Panhandle_(San_Francisco)) and http://en.wikipedia.org/wiki/Western_Addition,_San_Francisco,_California.

[256]

'Pacific Coast Journal of Homoeopathy' 48 (1937), p. 270.

[257]

[[184] LANGLEY PORTER [Dean of the University in the 1920s and 1930s] cooperated with JAMES WARD during that period in which WARD had assigned him "communicable diseases". UCSF, Spec. Coll.: 'Langley Porter Oral History' (1960), pp. 36-39, 47, 50.

[258]

RISSE (1992).

[259]

WARD: 'Report' (1905). See also WARD (1907). In 1902, he was still listed as a member of the 'Board of Health'. 'San Francisco Municipal Report for the Fiscal Year 1901-1902' (1903), p. 958.

[260]

The area belongs to Presidio Heights District which lies between Laurel Heights neighborhood and the Presidio, a park on the northern tip of the San Francisco Peninsula, within the Golden Gate National Recreation Area. The Presidio was originally a Spanish Fort built in 1776. In 1848 it became home to several U.S. Army headquarters and units. Until its closure in 1995, it was the longest continuously operated military base in the United States. From 1898 to 1995 the Presidio was home to the 'Letterman Army Hospital' or 'Medical Center' respectively. See http://en.wikipedia.org/wiki/Presidio_of_San_Francisco and <http://www.militarymuseum.org/LettermanAMC.html>.

[261]

UCSF, Spec. Coll.: 'A History of Marshal Hale Memorial Hospital (Formerly Hahnemann Hospital of San Francisco)'. San Francisco 1987 [manuscript], p. 2; UCSF, Spec. Coll.: 'Marshal Hale Memorial Hospital. Commemorated March 25, 1975' [leaflet], p. 2.

[262]

[[185] The number rose from 358,000 in 1897 according to the 'Board of Supervisors' (WILLIAMSON (1897), p. 1101) to 416,912 in 1910 according to 'U.S. Census' (HAUSEN (1980), p. 2).

[263]

According to (CROCKER-LANGLEY'S) 'San Francisco Directories' (1907) and (1908).

[264]

See http://history.library.ucsf.edu/building_hospitals.html, <http://mountzion.ucsfmedicalcenter.org/history/1907.html>, http://www.saintfrancismemorial.org/About_Us/History/index.htm, <http://www.sfgenealogy.com/sf/history/hghosp28.htm>, and <http://www.militarymuseum.org/LettermanAMC.html>.

[265]

See SCHMIDT (1994).

[266]

FLEXNER (1910), pp. 194-195.

[267]

[[186] UCSF, Spec. Coll.: 'H. College of the Pacific, H. Hospital' [manuscript], pp. 1-2; UCSF, Spec. Coll.: 'Minutes of a Meeting of the

Board of Directors of Hahnemann Medical College of the Pacific, Sept. 28, 1916', pp. 52-54.

[268]

UCB, Pres. Files: Letter by HERBERT C. MOFFIT [1913-1919 Dean, Univ. of Calif., Medical School] to BENJAMIN IDE WHEELER [1899-1919 President, Univ. of Calif.], Sept. 6, 1915. See also BOERICKE (1916).

[269]

UCB, Pres. Files: Letter by JAMES W. WARD [Dean, 'Hahnemann Medical College of the Pacific'] to BENJAMIN IDE WHEELER, April 18, 1917.

[270]

UCB, Pres. Files: 'Memorandum for the Finance Committee, Jan. 6, 1921'.

[271]

'Pacific Coast Journal of Homoeopathy' 33 (1922), pp. 29, 65 and 34 (1923), p. 5.

[272]

UCSF, Spec. Coll., MSS 91-5: 'Minutes of the Meeting of the Board of Directors of the Hahnemann Hospital, Jan. 9, 1919', pp. 171-181.

[273]

See the announcement 'TheNew Hahnemann Hospital of San Francisco, California' with a contemporary picture in the 'Directory' (1941), p. 34.

[274]

Unfortunately, no records of patients, staff, or administration remained.

[275]

UCSF, Spec. Coll.: 'A History of Marshal Hale Memorial Hospital (Formerly Hahnemann Hospital of San Francisco)'. San Francisco 1987 [manuscript], pp. 2-4.

[276]

[[187] 'California Pacific Medical Center' (CPMC) is comprised of the four oldest hospitals in San Francisco. The 'Davies Campus', formerly 'Davies Medical Center' (since 1971) or 'Franklin Hospital' (since 1917), is a descendant of the 'German Hospital', founded by the 'German General Benevolent Society' in 1852. The 'Pacific Campus' was founded in 1857 as the West's first medical school. The 'St. Luke's Campus' was founded in 1871 by the 'Episcopalian Church', and the 'California Campus' was founded in 1875 as the 'Pacific Dispensary for Women and Children'. Today CPMC is one of the largest private, not-for-profit, academic medical centers in Northern California with a medical staff of over 1,500 physicians and allied health practitioners. See <http://www.cpmc.org/about/history/>.

[277]

According to its website, the 'Institute for Health & Healing' is the largest integrative medical center in the nation with over 40 practitioners and doctors practicing more than 35 holistic therapies. It was founded in 1994 by the joining of three longstanding programs at 'California Pacific Medical Center' in San Francisco. Today, the Institute offers services at three other 'Sutter Health Hospitals' in the San Francisco Bay Area, at 'Marin General', 'Novato Community Hospital', and 'Mills-Peninsula Health Services'. See <http://www.cpmc.org/services/ihh/about/>.

[278]

UCB, Pres. Files: Letter by H.H. BENEDICT to MONROE E. DEUTSCH [Provost, Univ. of Calif.], Nov 16, 1933 and letters by WILLIAM J. KERR [Prof. of Medicine, Univ. of Calif., Medical School] to LANGLEY PORTER [1927-1937 and 1939-1940 Dean, Univ. of Calif., Medical School]. Dec. 14, 1933 and July 6, 1934.

[279]

UCB, Pres. Files: Letter by THOMAS MCGAVACK to WILLIAM J. KERR, July 2, 1934.

[280]

MCGAVACK: 'Letter' (1934).

[281]

[188] UCB, Pres. Files: Letter by ROBERT G. SPROUL [1929-1958 President, Univ. of Calif.] to JOHN L. MCNAB [Attorney], Jan. 17, 1939.

[282]

"Personally, I can say that, to my respect and regard for the Nestor of that group, Dr. JAMES WARD, is added a real and abiding affection, and that anything that I can do to carry out the spirit of the agreement to the end of upraising and improving medical practice, I will do". UCB, Pres. Files: Letter by LANGLEY PORTER to MARSHAL HALE [President, 'Hahnemann Medical College of the Pacific'], July 25, 1934. In 1936 LANGLEY PORTER gave a dinner in honor of the seventy-fifth birthday of JAMES W. WARD. *Pacific Coast Journal of Homoeopathy* 47 (1936), p. 270.

[283]

"HERBERT MOFFIT was not a homeopath, but he called HOWARD ENGLE in consultation, and HOWARD ENGLE would call him in consultation [...]". Arch. JMS: Interview with ELSA K. ENGLE in San Francisco on June 6, 1992.

[284]

According to WILLIAM BOERICKE, WILLIAM WALLACE CAMPBELL (1923-1929 President, Univ. of Calif.) was his former patient. *Pacific Coast Journal of Homoeopathy* 34 (1923), p. 6.

[285]

“We determined that to all of us the proposals of Mr. JORDAN were distinctly unacceptable [...]”. UCB, Pres. Files: Memorandum to the President, Oct. 31, 1935.

[286]

UCB, Pres. Files: ‘Memorandum to the President, Nov. 30, 1935’; N.N. (1936).

[287]

See GUTTENTAG (1941).

[288]

BIER (1925). On the discussion of BIER’s article see DOMS (2004).

[289]

[[189] GUTTENTAG (1931); GUTTENTAG (1932); SCHIER (1933).

[290]

UCSF, Spec. Coll.: ‘Otto Ernst Guttentag, Curriculum Vitae’. See also UCSF, Spec. Coll.: NICHOLAS L. PETRAKIS: ‘Otto Guttentag: Remarks made at the Celebration of the Birthday of Otto E. Guttentag, M.D; at the Faculty Club, University of California, Berkeley, CA. Febr. 10, 1990’ [manuscript].

[291]

See e.g. GUTTENTAG (1940).

[292]

UCB, Pres. Files: Letter by OTTO E. GUTTENTAG to FRANCIS S. SMYTH [1942–1954 Dean, Univ. of Calif., Medical School], March 16, 1942. See also ‘The Pacific Coast Homoeopathic Bulletin’ 1, 10 (1942), p. 17.

[293]

GUTTENTAG (1953). See also FOX (1992).

[294]

“After a short discussion, it was moved, seconded and carried unanimously that the contract offered by the regents of the ‘University of California’ be accepted as offered and duly signed by the president and the secretary. This ended this historical event striking out the name of Homeopathy from our contract with the ‘University of California’.” UCSF, Spec. Coll.: ‘Minutes of the Meeting of the Members of the Hahnemann Medical College of the Pacific, Febr. 6, 1958’.

[295]

[[190] Arch. JMS: Interviews with OTTO E. GUTTENTAG [1900–1992] in San Francisco on Oct. 3, 6, and 10, 1989, and in Oakland on Dec. 2, 1991.

[296]

See e.g. the letter of regard and esteem, written by CHAUNCEY D. LEAKE [Director Special Research Studies, Univ. of Calif., Medical School] to OTTO E. GUTTENTAG, June 12, 1967, on the occasion of his becoming Professor Emeritus. UCSF, Spec. Coll.

[297]

Arch. JMS: Interviews with the widow IRMGARD SCHMID-MAYBACH in San Francisco on Dec. 19, 1991, Febr. 3, and March 8, 1992. See also SCHMIDT (1994), p. 95.

[298]

[[191] UCSF, Spec. Coll.: 'Minutes of the First Regular Meeting of The California Women's Homeopathic Association, April 6, 1959', 'Articles of Incorporation of The California Women's Homeopathic Association, 12th day of February, 1959'.

[299]

On the contributions of women to American homeopathy see KIRSCHMANN (2004).

[300]

UCSF, Spec. Coll.: 'Minutes. Meeting of California Women's Homeopathic Association, Dec. 10, 1974', p. 111. See also DONNER (1975).

[301]

UCSF, Spec. Coll.: 'Minutes. Meeting of Cal. Wom. Hom. Ass., Dec. 3, 1980', pp. 135-138. See also UCSF, Spec. Coll.: 'Minutes. Boards of Directors Meeting [Cal. Wom. Hom. Ass.], April 8, 1981', pp. 45-46.

[302]

UCSF, Spec. Coll.: 'Minutes. Meeting of Cal. Wom. Hom. Ass., Dec. 12, 1983', pp. 145-146.

[303]

UCSF, Spec. Coll.: Letter by ELSA K. ENGLE to JERE E. GOYAN [Dean, UCSF, School of Pharmacy], March 26, 1990; UCSF, Spec. Coll.: Letter of thanks by JERE E. GOYAN to ELSA K. ENGLE, Aug. 1, 1990.

[304]

Arch. JMS: Interviews with ELSA K. ENGLE [1895-1994] in San Francisco on Oct. 7, 1989, Dec. 11, 1991, Febr. 17, and June 6, 1992.

[305]

[[193] Her advice to HOWARD ENGLE was: "All respect to Dr. WARD, but how are these people gonna know what's your fight if you don't associate with them? How are they gonna know what kind of person you are? [...]" Arch. JMS: Interview with ELSA K. ENGLE in San Francisco on Febr. 17, 1992.

[306]

See RISSE: 'History' (1991).

[307]

See e.g. the advertisement of “Boericke & Runyon Co., Established 1870, 880-882 Folsom St., San Francisco”, “the Oldest and Largest Homeopathic Manufacturing Pharmacists West of St. Louis”, in the ‘Directory’ (1941), p. 48.

[308]

[[194] This corresponds roughly with the scale of fees of that time. “For each visit in the city during the daytime” in 1885 it had to be charged \$ 3.00 to \$ 5.00 (UCSF, Spec. Coll.: ‘Fee Table of the Alameda County Medical Association. Adopted July 13, 1885’; published also in the (Eighth Edition of the) ‘Official Register and Directory of Physicians and Surgeons in the State of California’ (1896), pp. 125-126), and “for one ordinary visit” in 1891 it was \$ 5.00 (UCSF, Spec. Coll.: ‘Fee Bill, Adopted by the San Francisco County Medical Society and the Society of German Physicians, Oct. 12, 1891’).

[309]

KIRSCHMANN (2004), p. 159.

[310]

(Forty Forth) ‘Annual Report, St. Luke’s Hospital’ (1915).

[311]

The general price development may be reflected in the gradual rise of the price for the ‘San Francisco Directory’: \$ 5.00 in the years 1873 to 1895, \$ 6.00 in the years 1900 to 1905, \$ 7.50 in the years 1907 to 1913, \$ 10.00 in the years 1914 to 1918, \$ 11.00 in the year 1919, \$ 15.00 in the years 1920 to 1923, \$ 18.00 in the years 1924 to 1927, \$ 20.00 in the year 1930, \$ 22.50 in the years 1931 to 1932, \$ 25.00 in the year 1934, and \$ 35.00 in the year 1935.

[312]

‘Directory’ (1941), p. 20.

[313]

Arch. JMS: Interview with ELSA K. ENGLE in San Francisco on Dec. 11, 1991. See (CROCKER-LANGLEY’S) ‘San Francisco Directories’ for the Years 1873 to 1935.

[314]

[[195] “I am convinced that any successful teaching of homeopathy in an “old school” institution necessitates approaching the subject through anatomical, biochemical and physiological considerations. There is moreover a need for experimental evidence from both laboratory and clinic.” MCGAVACK (1932), p. 284.

[315]

The scientific sections were 1. Posology, 2. Plant Life, 3. Minerals and Metals, 4. Animal Products, 5. Pharmacology and Pharmacodynamics, 6. Biochemistry, 7. Applied Homoeopathy, 8. Physico-Chemical Studies with Medicinal Agents, 9. Dentistry in Its Relation to Homoeopathic Medication, 10. Historical Research. 'The Laboratory of the Homoeopathic Foundation of California' 1, 2 (1934), p. 12; 2, 2 (1935), p. 6; and 3, 2 (1936), p. 8.

[316]

STIEGELE (1936); DONNER (1936); KÖTSCHAU (1936); BASTANIER (1936).

[317]

McGAVACK: 'Report' (1934).

[318]

[[196] 'Pacific Coast Journal of Homoeopathy' 51 (1940), pp. 319, 415.

[319]

'The Pacific Coast Homoeopathic Bulletin' 1, 8 (1942), pp. 3-4.

[320]

DONNER (1928); SCHWARZHAUPT (1963).

[321]

See SCHMIDT (1996).

[322]

[[197] Arch. JMS: Interview with ROGER MORRISON, consultant physician of the clinic, in Albany, California, on July 7, 1992.

[323]

[[95] See SCHMIDT: 'Merging with the University of California'.

[324]

See COULTER: 'Divided Legacy'; SCHMIDT: 'Die Entwicklung der Homöopathie'.

[325]

See GYPSER: 'Homöopathie'.

[326]

See SCHMIDT: 'Taschenatlas Homöopathie', 10-19.

[327]

HAHNEMANN: 'Gesammelte kleine Schriften', 461. HAHNEMANN'S definition read: "Homeopathic is what tends to evoke a *hómoion páthos*, i.e. a similar ailment".

[328]

See ROGERS: 'An Alternative Path'.

[329]

See SCHMIDT: 'Taschenatlas Homöopathie', 86-95.

[330]

See <http://www.grundlagen-praxis.de> – Click on "News" and "Grundlagendebatte"; HABICH, KÖSTERS, and ROHWER: 'A step forward'.

[331]

See WICHMANN: 'Defining a different tradition'.

[332]

See FRÄNTZKI: 'Die Idee der Wissenschaft'.

[333]

See SCHÜPPEL: 'Evidenzbasierte Homöopathie'.

[334]

See GYPSER: 'Homöopathie'.

[335]

MASON: 'A history of the Sciences'.

[336]

HOBBS: 'Leviathan', 13.

[337]

Paradigmatic protagonists for seventeenth century's mathematics were DESCARTES, LEIBNIZ, and NEWTON, for eighteenth century's physics NEWTON and HUYGENS, for nineteenth century's chemistry DALTON and LIEBIG, and for twentieth century biology WATSON & CRICK, EIGEN, and ECCLES.

[338]

See RITTER and GRÜNDER: 'Naturwissenschaften', 642.

[339]

KANT: 'Metaphysische Anfangsgründe der Naturwissenschaft', A IV-VI.

[340]

BERNARD: 'Introduction a l'étude de la médecine expérimentale', 69 and 80.

[341]

DU BOIS-REYMOND: 'Über die Grenzen des Naturerkennens', 6.

[342]

COLLINGWOOD: 'An Essay on Metaphysics', 33.

[343]

STEGMÜLLER: 'Hauptströmungen der Gegenwartsphilosophie', 2, 585.

[344]

MUTSCHLER: 'Naturphilosophie', 90-96.

[345]

STRAWSON: 'Einzelding und logisches Subjekt', 175.

[346]

ARISTOTLE: 'De motu animalium', 698 a 27.

[347]

LEIBER: 'Kosmos, Kausalität und Chaos', 101-104.

[348]

MUTSCHLER: 'Naturphilosophie', 133-151.

[349]

SPAEMANN and LÖW: 'Die Frage Wozu', 51-78; here 57.

[350]

ROBERT GROSSETESTE (1168–1253), ROGER BACON (1214–1292), and WILLIAM OF OCKHAM (1285–1349) may be considered forerunners of modern natural science.

[351]

See SHAPIN: 'The Scientific Revolution'; SCHREIER: 'Geschichte der Physik'; AGASSI: 'Science and Culture'.

[352]

See PORTER: 'The Greatest Benefit to Mankind'; ECKART: 'Geschichte der Medizin'.

[353]

SCHMIDT: 'Hahnemann's Concept of Rational Therapeutics', 81-87.

[354]

JÜTTE: 'Samuel Hahnemann'.

[355]

HAHNEMANN: 'Organon der Heilkunst' (1842), § 145/1. Until 1833 he used the term "certainty".

[356]

See SCHMIDT: 'Believing in order to understand'.

[357]

SCHMIDT: 'Anthropology and Medicine', 288-296.

[358]

[96] 36 See <http://www.grundlagen-praxis.de>; HABICH, KÖSTERS, and ROHWER.

[359]

DINGES: 'Weltgeschichte der Homöopathie'.

[360]

WALACH: 'Wider naiven Empirismus und verkleidete Machtansprüche', 72-75.

[361]

FOERSTER and GLASERSFELD: 'Wie wir uns erfinden'; GLASERFELD: 'Konstruktivismus statt Erkenntnistheorie'.

[362]

KUHN: 'The Structure of Scientific Revolutions'; FEYERABEND: 'Against Method'.

[363]

KÜPPERS: 'Chaos und Ordnung'.

[364]

[[220] UNSCHULD P.U.: 'Chinese medicine. A history of ideas'. Berkeley: University of California Press, 1985. 'Medizin in China. Eine Ideengeschichte'. München: Beck, 1980.

[365]

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[367]

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[368]

NOVALIS: 'Fragment 190'. In: SCHULZ G. (ed.): 'Werke'. 2 Aufl. München: Beck, 1981, p. 562.

[369]

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[370]

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[371]

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[372]

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[373]

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[374]

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[375]

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[376]

JÜTTE R.: 'Geschichte der Alternativen Medizin'. München: Beck, 1996.

[377]

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[378]

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[379]

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[380]

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[381]

HAHNEMANN S.: 'Organon of the medical art'. §§ 158, 161, 248, 280.

[382]

HAHNEMANN S.: 'Organon of the medical art'. § 141.

[383]

HAHNEMANN S.: 'Organon of the medical art'. §§ 10, 9.

[384]

SCHMIDT J.M.: 'Believing in order to understand: Hahnemann's hierarchisation of values'. *Homeopathy* 2008; 97: 156-160.

[385]

HAHNEMANN S.: 'Heilkunde der Erfahrung' (1805). In: GKS (2001), p. 389.

[386]

HAHNEMANN S.: 'Organon of the medical art'. § 9.

[387]

HAHNEMANN S.: 'Organon der rationellen Heilkunde'. Dresden: Arnold, 1810, pp. iii-iv.

[388]

HAHNEMANN S.: *Freund der Gesundheit* (1792, 1795). In: GKS (2001), pp. 119-149, 171-173, 191-200.

[389]

HAHNEMANN S.: 'Der Kaffee in seinen Wirkungen' (1803). In: GKS (2001), pp. 351-364.

[390]

SCHMIDT J.M.: 'Is homeopathy a science? – Continuity and clash of concepts of science within holistic medicine'. *J. Med. Humanit.* 2009; 30: 83-97.

[391]

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[392]

HAHNEMANN S.: 'Freund der Gesundheit' (1795). In: GKS (2001), pp. 174-190.

[393]

HABICH K., KÖSTERS C., ROHWER J.: 'A step forward that makes sense – or a step back to the days before Hahnemann? An international discussion about modern trends, diversity of methods, and genuine homoeopathy', www.grundlagen-praxis.de.

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[396]

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[397]

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[398]

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[399]

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[276] HAHNEMANN S.: 'Reine Arzneimittellehre', Vol. 3. Dresden: Arnold, 1817, p. 35; 2. Aufl. Vol. 3. Dresden: Arnold, 1825, p. 99.

[402]

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[403]

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[405]

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[406]

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Dresden: Arnold, 1810, pp. xliii, xlv, xlvi, §§ 199, 246.

[407]

HAHNEMANN S.: 'Organon' I; 1810, p. v.

[408]

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[413]

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[418]

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